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THE UNIVERSITY OF ALBERTA

A LONGITUDINAL STUDY OF THE EXPECTATIONS AND ADJUSTMENTS OF FIRST PARENTHOOD

by

© MARCELLA LOUISE ALAIN SEVIGNY

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF SCIENCE IN FAMILY STUDIES

DEPARTMENT . . . . . HOME ECONOMICS . . . . . .

Edmonton, Alberta

Fall, 1976

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled A Longitudinal Study Of The Expectations And Adjustments Of First Parenthood submitted by Marcella Louise Alain Sevigny in partial fulfilment of the requirements for the degree of Master of Science in Family Studies.

Dianne K. Kieren
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Supervisor

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Date July 23, 1976

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Date July 23, 1976

ABSTRACT

The purpose of this thesis was to describe the phenomenon of first parenthood taking into account prenatal expectations for the baby as well as postnatal adjustments to the event. Couples were interviewed at three stages: three months prior to the confinement date, two to four weeks after the birth of the baby, and when the baby was three months old.

The findings indicate that the birth of the baby seemed to have a more negative effect on the men's marital adjustment than on the women's. Pregnancy was viewed as a more difficult time for women than for men, while the time immediately after childbirth was more difficult for the men than for the women. By the time the babies were three months old, all men and women appeared to be coping well with the new changes in their lives. Results further indicate that the couples were more prepared for labor and delivery than they were for immediate child care duties. Advice given to the couples in the area of child care was frequently confusing. The doctor was the person most frequently contacted to solve the couples' doubts.

A common concern expressed by the couples was that the baby curtailed many of their social and recreational patterns. Couples found support from their respective families over the three time periods which was indicated by both husbands and wives increasing their contact with one or more siblings.

All couples who received postpartum assistance appreciated it as long as judgmental comments were not made concerning their performance of child care duties. The Cape Breton couples in the sample acknowledged the adjustment factor. Even though their expectations of what parenthood would be like were not always congruent with reality, they still managed to cope reasonably well with the new changes in their lives.

The study confirmed the need for prenatal preparation for the birth event, and pointed to the necessity of giving new parents more support in the form of discussion groups during the immediate postpartum period. Recommendations were made for parent education programs on specific topics including postpartum fertility and family planning, child development, adapting to parenthood, and infant nutrition. It was suggested that discussion on these topics would help allay the fears and anxieties of new parents. Suggestions indicating the need of better quality prenatal classes such as the Lamaze classes were also made.

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CHAPTER I

STATEMENT OF THE PROBLEM

The impact of the first born on parents is a subject that has interested researchers as well as parents over the years. Personal observation by friends, relatives, and expectant parents themselves indicates a whole range of expectations and aspirations regarding parenthood. While some of these are realistic expectations, many are highly idealistic and lead to feelings of frustration. In addition, the change from a couple to a couple with a dependent child is dramatic and demands adjustments.

Becoming a parent for the first time is visualized by many couples as "doing what comes naturally", or more explicitly, "doing what my mother did", or "doing what our parents did". There is, however, a big difference between taking care of brothers and sisters or friends' babies, and having full responsibility for one's own newborn infant. That difference is having to live with the decisions one makes.

While still in the hospital with a newborn baby, many mothers feel unsure about their adequacy in parenting. Having never cared for an infant before, it can be frightening. A mother may even fear being devoured by her new baby with its endless needs. The very thought that caring for the baby will never end, that it will go on all day and all night for years to come, can also be disturbing. In

many instances the father does not really begin to feel a part of the whole process until he can actually hold, feed, or change the baby. This is possible in the hospital if the mother has rooming-in. If not, he may have to wait to try his hand at parenting skills once the mother and baby are both home from the hospital.

Parents, unfortunately, do not have a set pattern of caring for their child, and because each child is different, mothers and fathers have to find their own way of caring for the baby by trial and error. This is not accomplished overnight.

The elation experienced by many couples around the birth of their baby soon disappears as the reality of near sleepless nights, endless visitors, and a general feeling of tiredness creeps over them. First-time parents slowly come to the realization that they are not automatically born or endowed with the necessary skills for parenting. These skills have to be learned; and to be learned, they must be practiced over and over again.

Many family researchers have studied this adjustment period (LeMasters, 1957; Dyer, 1963; Feldman and Rogoff, 1965; Hobbs, 1965, 1968; Beauchamp, 1968; Russell, 1974; Fein, 1976, and Wapner, 1976). Their scientific studies have confirmed many of the personal observations made by common sense observers; that there are indeed adjustments which first-time parents must make immediately upon assuming the role. Even so, their data indicate that these adjustments are made relatively quickly. While the studies cited above have gathered rich information, scholars have found them wanting in several areas, particularly with regards to the methodology employed.

The criticisms of past studies of the role transition to parenthood have been: 1) the static view of the role change,

2) the use of retrospective data, 3) the weakness of sample representativeness, 4) the inclusion of premaritally conceived pregnancies, and 5) the incomparability of crisis scores between studies. Thus, it is felt that past studies have only described the phenomenon in a limited way. There is still not enough information available to describe the distinct individual changes and marital adjustments that occur in conjunction with this event.

The present study was initiated by the researcher because of a personal interest in parenthood and a strong belief that knowledge about this role change has an important significance for family life educators and other parents.

The main objectives of this study were: 1) to describe the phenomenon of parental adjustment to the birth of the first child in more detail than previous studies, taking into account prenatal as well as postnatal attitudes, expectations and marital interaction, and 2) to use this information to make suggestions for educational programs for prospective parents, such as childbirth education classes and family life education programs. Data with regard to pre and postnatal attitudes and behavior were gathered to describe the role transition to parenthood in detail.

CHAPTER II

CRITICAL REVIEW OF THE LITERATURE

Over the past two decades little research has been devoted to studying parenthood as a crisis situation. The following review will attempt to provide a complete review of the literature in as much as it relates to the scope of this thesis.

Parenthood As Crisis

While LeMasters (1957) was the first sociologist to view parenthood as a crisis situation, in the decades preceding his study, family sociologists (Eliot, 1955; Waller, 1930; Angell, 1936; Komarovsky, 1940; Cavan and Ranck, 1938; Koos, 1946; Hill, 1949; and Goode, 1956) had devoted considerable attention to the study of various kinds of family crises. It was concluded that intrafamily crises could be divided into two types: 1) those due to the unprepared loss of a family member - referred to as "dismemberment" and 2) those due to the unprepared gain or addition of a family member - referred to as "accession". Most of the previous studies looked at the effects of dismemberment rather than accession.

E. E. LeMasters (1957) was one of the first researchers to devote an entire study to the theory of accession. He suggested that a certain amount of role-reorganization would occur when a new member is added to an already established social system such as a husband-wife relationship. Adding a new member then, could

possibly be as drastic as losing one, thus causing the birth event to be a critical one, or at least one which causes crisis.

LeMasters was inspired by Reuben Hill's (1949) conceptualization and discussion of crisis in Families Under Stress. Hill defined crisis as "any sharp or decisive change for which old patterns are found to be inadequate.... A crisis is a situation in which the usual behavior patterns are found to be unrewarding and new ones are called for immediately" (1949:51). Hill's list of stressor events which could lead to crisis included unwanted pregnancies.

Using a relatively unstructured interview technique, LeMasters obtained a nonprobability sample of forty-six married couples residing in urban and suburban areas. The couples were between the ages of twenty-five and thirty-five. All husbands were middle-class college graduates. Couples had had their first child within five years prior to the interview. Using a five point scale extending from none to severe to measure the crisis, results indicated that 83 percent of these couples had experienced "extensive" or "severe" crisis in adjusting to the birth of their first child. The crisis rating was arrived at jointly by the interviewer and the parents.

Dyer replicated LeMasters' study on thirty-two middle-class couples in 1963. In his study, couples were given separate questionnaires and were asked to recall as far back as two years following the birth of their first child. This was an improvement over LeMasters' respondents who tried to recall as much as five years. Trying to be more objective than LeMasters in identifying and measuring crisis, Dyer arrived at a crisis rating by using a Likert type scale consisting of ten areas which he thought were

likely to be affected by the advent of the first child. The crisis score for each couple was arrived at by averaging the total of their individual scores. These scores were then put on a five point continuum similar to that used by LeMasters. The results tended to agree in directionality with LeMasters' findings, that is 53 percent of the couples in Dyer's sample experienced "extensive" or "severe" crisis after the birth of their first child. However, 30 percent fewer couples fell in the extensive-severe category.

In 1965, using a 50 percent random sample, Hobbs studied fifty-three couples representing all social classes from lower-lower to upper-middle. Contrary to the two previous studies, Hobbs found no correlation between the arrival of the first child and "extensive" or "severe" crisis as reported by the parents. Slight crisis was reported by 86.8 percent of his sample and 13.2 percent reported moderate crisis. To determine the extent of crisis associated with having the first child, a checklist of twenty-three items was indexed and objectively scored. The twenty-three items were mainly selected from LeMasters' initial report (1957) of difficulties experienced by first-time parents. Demographic data indicated that 34 percent of the babies in Hobbs' sample were born less than nine months after the wedding, and the age of the babies at the time of the study ranged from three weeks to eighteen weeks with a mean of 9.8 weeks. Thus, the recall period was drastically cut down from Dyer's (1963) and LeMasters' (1957) studies.

Three years later, in 1968, Hobbs replicated and extended his study to twenty-seven other couples, this time using a complete random sample and adding a relatively unstructured taped interview to the checklist. The interview was rated by a panel of judges.

The babies' ages ranged from six weeks to fifty-two weeks. His findings were similar to those of his original study, that is, none of the parents who had been administered the checklist experienced "extensive" or "severe" crisis, and of those interviewed, only 3.7 percent of the males and 18.5 percent of the females experienced "severe" crisis. In this study, only four crisis categories were used as opposed to five in all three previous studies.

David Beauchamp in 1968 carried out a study, simultaneously yet independent of Hobbs' replication study, while at the University of North Dakota. This unpublished study entitled "Parenthood as Crisis: An Additional Study" comprised a nonprobability sample of thirty-seven middle-class couples with intact marriages. Of these couples, eighteen were interviewed and nineteen were administered a questionnaire because Hobbs' previous study already alluded to the fact that higher crisis scores were obtained when an interview was used as opposed to the checklist method. Beauchamp reported that 22.2 percent of the eighteen couples interviewed experienced "extensive" or "severe" crisis compared to 21.1 percent of those with questionnaires, thus suggesting less difference between the two methods of measuring crisis and bringing his results more in line with those of Dyer than either LeMasters' or Hobbs'.

One further study conducted by Russell (1974) completes the list of research up to this date on parenthood as a time of crisis. Russell used a 20 percent random sample of 271 couples (296 females and 272 males) from an urban setting. The couples' ages ranged from sixteen to forty-seven and the educational background varied from being illiterate to having a graduate degree. The babies were between six weeks and fifty-six weeks of age.

Russell designed her research following Hobbs' 1965 study. Using a questionnaire including Hobbs' identical checklist, she found that only 3.1 percent of the females and 4.8 percent of the males experienced "extensive" or "severe" crisis.

Of all the research conducted on parenthood as a family crisis, Hobbs' 1968 study and Russell's 1974 study are the most similar, mainly because they both used a random sample of urban couples, including working-class as well as middle-class parents. In both studies the babies were in their first year and both researchers used the Locke-Wallace (1959) marital adjustment short form to measure the degree of crisis. Russell chose to use a mailed questionnaire over an interview in order to obtain a large sample. Hobbs' checklist lent itself well to the mailed questionnaire. Furthermore, Hobbs' previous studies indicated that the degree of crisis was lower with the use of the checklist as opposed to the interview.

The preceding review of the studies which focused on "parenthood as crisis" gives some indication of the contradictory nature of the results, which varied from no crisis to 83 percent of the couples experiencing "extensive" or "severe" crisis. The reasons for the discrepancy of the crisis scores will be discussed in the section on methodological issues.

Attitudes, Feelings and Behavior of Expectant Parents

Recent studies on parenthood have begun to focus less on the crisis aspect of parenthood and more on describing the attitudes, feelings and behaviors of new parents (Tanzer and Block, 1976;

Wapner, 1976; Fein, 1976). Tanzer and Block (1976) looked at the benefits to mothers, fathers and babies of natural childbirth, specifically the Lamaze or psychoprophylactic method of childbirth. Using a longitudinal panel research study, Tanzer and Block followed thirty-six pregnant women over a period of four months. They divided the group into twenty-two who participated in natural childbirth preparation, labor and delivery, and fourteen in the control group who used conventional methods of preparation, labor and delivery. Tanzer interviewed these women around the beginning of the seventh month of pregnancy, two weeks before the expected date, and one month after delivery. Some of the findings which relate in particular to this study refer to the women's experience of being pregnant. Tanzer found that certain fears, feelings, fantasies, needs, and responses seem to be common to all women in the study. Such things as fear of deformity in the child, feelings of being unattractive and tired during pregnancy, feelings of anxiousness and fear of the unknown that may occur during labor and delivery were all mentioned in her study.

A second finding was that by the introduction of natural childbirth, the character of the total experience of pregnancy, labor and delivery was changed radically and in a highly positive direction. Those couples who had been prepared for labor and delivery had a much more positive experience than those who had no such preparation. The participation of the husband in labor and delivery also enhanced the birth experience. The whole area of feelings, attitudes and behaviors of parenthood were not assessed in this study, nor was any attempt made to determine how different experiences in labor and delivery affected the parenting relationship.

A study by Wapner (1976) looked at the attitudes, feelings, and behaviors of expectant fathers attending Lamaze classes. One hundred and twenty-eight first-time expectant fathers responded to a questionnaire on the issues listed above. In general, the men seemed to feel overwhelming acceptance and confidence about becoming fathers. The major concern centered around the issue of being responsible and providing for a young family. Few expressed their concern in terms of economic responsibility, but expressed more concern about their own ability to feel comfortable with the added responsibility. Another area of concern was related to their involvement with the baby. Slightly over 38 percent "almost always" or "often" reported feeling that they would enjoy a child more when it was older and 17 percent responded to the statement: "I'm not crazy about babies when they are small" by checking "almost always" or "often". Wapner concluded that "in part their responses are expressions of the cultural expectations that fathers become more involved and have a more important parenting role once the child shows evidence of the socialization process" (Wapner, 1976:7).

In terms of their feelings and attitudes about pregnancy, the expectant fathers reported a great deal of emotional investment in the pregnancy. The large majority of these expectant fathers did not feel left out, nor did they see themselves as playing a supportive role, during pregnancy. Instead, many expressed a more deeper concern and personal involvement as indicated by 56.2 percent feeling "almost always" or "often" like we are both pregnant, like wanting to know when the baby moves and what direction it is facing" (Wapner, 1976:7).

Being emotionally involved in the pregnancy was further

supported by examination of the changes in the marital relationship related to pregnancy. Seventy-one percent reported that they "almost always" or "often" felt they should do more to protect and take care of their wives now that they were pregnant. Seventy-one percent indicated that they felt that their wives needed them more and an equally large percentage felt that they had to be more understanding. In general, more nurturant feelings were expressed towards the wife at this time, but these feelings were found to be absent when they discussed their future relationship to the infant. An interesting development was that wives rated their husbands lower on these nurturant feelings than the husbands rated themselves. Wapner (1976:9) hypothesized that "this difference may in part be explained through a gap between the expectant father's feeling more nurturant yet not expressing these feelings". Another discrepancy rating that existed between husbands and wives was around the issue of what might be called manly responsibilities, or the traditional role of the expectant father. The wives rated their husbands as more mature, more manly as a result of the pregnancy and as providing more help around the house than the expectant fathers rated themselves.

Despite the intensely positive attitudes that the expectant fathers reported, their behavior did not reflect similar trends. They hardly changed their recreational activities to spend more time with their wives, they didn't take on much more extra work around the house, they read little about pregnancy and childbirth, and they helped only a little more to prepare the house for the baby's arrival.

One further study on the topic of early parenthood was conducted by Robert A. Fein (1976). Robert A. Fein (1976) studied

thirty middle income couples who were expecting their first child. His study involved pre and post tests. He interviewed the couples together four weeks before and six weeks after the birth of their first child. Three major variables were studied: dependence, marital sharing, and anxiety. In this study, Fein reported only on the post test for men, that is, the first weeks of fathering. He found that all thirty men assisted their wives during at least some parts of labor, with twenty-four men attending the birth of their babies.

During the weeks following, most men reported that these first weeks were hard but not intolerable. They found that they had had no idea how much work was required to take care of a human so small. Six weeks after birth, most couples had developed relatively ordered patterns of home life and baby care. The couples seemed to be coping well with the realities of parenting.

Fein (1976) looked at factors related to the fathers perceiving themselves to be excluded from or included in their new family life. The feelings of exclusion from family life were related to such things as: the wives taking primary responsibility for infant care, feeling less needed, and a decrease from the prenatal pattern of receiving attention from their wives. Feelings of inclusion resulted when husbands took care of their baby and when they expressed considerable pride about their infants. Most men reported that, on balance, they felt more included than excluded.

Variables Associated with Crisis and Postpartum Adjustment

Social background. Several variables have been reported in the literature as being related to crisis and postpartum adjustment.

One of these is social background. Social class appeared to be positively related to crisis. This was shown by studies which drew from a middle-class population (LeMasters, 1957; Dyer, 1963; Beauchamp, 1968). The relationship is not clearcut however. The positive relationship did not hold true for either Hobbs (1968) or Russell (1974), both of whom used a more representative sample. Although Hobbs' (1965) study did find husband's income to be positively related to difficulty in adjusting to the first child for men only, it only accounted for 14 percent of the variation.

Preparation for parenthood. Another variable related to crisis was the couple's preparation for parenthood. All couples without exception in the crisis group of LeMasters' study (1957) reported that their preparation for parenthood had been minimal if they had received any at all. In addition, Dyer's (1963) results suggested a relationship between preparation for parenthood and crisis in that couples who had received some preparation through marriage courses either in high school or in college experienced less crisis. This finding was not supported in Russell's study where she found no relationship between preparation for marriage and parenthood and degree of crisis. Fein (1976) found that, while all of his couples seemed well prepared for labor and delivery, considerably fewer men and women reported being prepared for parenthood. Twenty-three men in his sample of thirty couples reported little or no child care experience.

Planned parenthood. A third variable related to a crisis was planned parenthood. The finding that couples who had planned their first child and who followed that plan experienced less crisis than those who did not was confirmed by Dyer (1963) and Russell (1974).

LeMasters (1957) however, found crisis to be present regardless of whether the child had been planned or not. In addition to the above finding, conceiving premaritally was found by Russell (1974) to be positively related to crisis for men.

Marital satisfaction. Also associated with difficulty in adjusting to the first child was lower marital satisfaction. Dyer (1963) reported a negative correlation between marriage satisfaction and crisis scores, that is, couples who had strong marriages and who had more resources to draw on would experience less crisis when their first child is born. Whereas Hobbs' (1968) study corroborated Dyer's findings, Hobbs' (1965) study indicated no crisis among the sample even though 10 percent mentioned that they were not happily married and were not satisfied with the frequent problems that remained unsolved. LeMasters (1957) sample, on the other hand, reported crisis regardless of the state of the marriage.

Some clarity was added to the relationship between marital satisfaction and having a child through the work of Feldman and Rogoff. In 1965, they designed a study to focus and seek out variables associated with changes in marital satisfaction after the arrival of the first child instead of focusing upon general shifts in marital relations. By using accurate longitudinal data, they found higher marital satisfaction among childless couples than among couples with one or more children. Even holding the length of marriage constant, the same was found true when childless couples were compared to couples with an infant. Feldman and Rogoff's (1968) report suggested that the downward shift in marital satisfaction was correlated with the level of contentedness the couple had experienced prepartum. Seemingly, those couples who had more difficulty adjusting

to the birth of their first child were happier prepartum than those who were less affected by the birth of their first child. This same finding was again confirmed when Feldman (1971) showed a postpartum decline in scores that were usually labeled "marriage satisfaction". He also found that having a child was correlated with reporting more negative things about the subject's marriage.

Ryder (1973) tried to improve on Feldman and Rogoff's (1968) study by distinguishing between a genuine interaction effect and regression to the mean which was present in the latter's research by using a comparison group. Using longitudinal data, Ryder compared couples who had a child with those who did not. He demonstrated affiliated changes in questionnaire measures of marriage satisfaction. The most distinct finding he reported was that women who had a child were more likely to mention that their husbands did not pay enough attention to them (Ryder, 1973). In an unpublished study, Harold Feldman put forth an interesting hypothesis that "although marital happiness may be lowered even though a crisis exists, still it is possible that the wife's total happiness may be higher. Feelings of being needed more may make the sum of happiness higher." (Feldman, 1969:17).

Findings similar to those of Feldman and Rogoff (1968) and Ryder (1973) were reported by Rollins and Cannon (1974). After re-evaluating the Blood-Wolfe composite index of marital satisfaction and the Locke-Wallace marital adjustment scale in a cross-sectional study, they found that both husbands and wives experienced a shallow U-shaped trend of general marital satisfaction over the family life cycle.

Marital satisfaction during pregnancy was studied by

Meyerowitz in 1970. He defined marital satisfaction as "the product of interaction between husband and wife" (1970:38). Eight aspects of marital satisfaction and their experiential variables were observed. These were taken from more than three hundred variables and from these, seventy-eight functionally separate responses related to marital satisfaction and two hundred experiential variables were selected to study 407 first pregnancies. The seventy-eight satisfaction variables were reduced to twenty-five orthogonal indices, and the two hundred experiential responses reduced to thirty-one clusters. Only eight of the indices and eight of the clusters were discussed in this study.

The results of the study were as follows: 1) The husband expected high satisfaction in the initial period after the baby's birth when his self image was enhanced and the couple's level of communication was related to aspects of socioeconomic status particularly to his wife's continued trust in him as a husband, then as a father once the baby was born. 2) The wife was happy if her pregnancy drew her closer to her husband, if she had a positive body image, and if she was satisfied with her sexual role and herself as a homemaker. 3) The wife experienced more satisfaction if she knew that her husband was employed full time, that his physical health would improve after the baby's birth, that the baby would not detract too much from the couple's togetherness and if she had confidence in her husband's ability to care for the baby. 4) The husband was satisfied when he was physically and psychically content, which he demonstrated by finding his wife physically attractive during pregnancy. 5) There was satisfaction with the marriage when the couple's present feelings about marriage were better

than the feelings they had prior to marriage and if the husband's self-esteem was infrequently challenged by his wife. 6) If the husband felt rejected, he felt "love" had failed, he experienced problems in communication with his wife and he did not use presents as a means of reconciliation. 7) If the couple frequently discussed sex, if the wife discussed money management, if the husband criticized the way his wife carried out household duties, this was an indication that the husband was not satisfied with his marriage. 8) If the husband had the tendency to punish his wife more when disagreements arose and if he expected his wife to experience postpartum depression then his wife would welcome the baby and would not wish to return to the dyadic state of the marriage. The husband at that point would take a negative view of his wife's homemaking abilities.

Wapner (1976) found that, in terms of the sexual and physical aspects of the marital relationship during pregnancy, 27 percent of the expectant fathers in his sample reported "almost always" or "often" feeling a loss of sexual drive during pregnancy. Fifty-three percent reported "almost always" or "often" feeling that they were making love less. Only a few men felt "turned on" by pregnant women or felt that their love making had become more enjoyable since pregnancy. This did not seem to bother the men as they generally expressed positive feelings about pregnancy.

In an interesting study reported by Luckey and Bain (1970) it was found that when couples who were dissatisfied with their marriage were compared to happily married couples, children were listed as their only satisfaction in marriage. Companionship was listed significantly less often by those dissatisfied than by those who were satisfied with their marriage.

Russell (1974) upon using the Locke-Wallace marital adjustment short form (1959) notes a strong negative relationship between marital adjustment and crisis. Couples experiencing high levels of marital adjustment "were less likely to experience a high degree of crisis" (1974:297). Russell mentions that since couples responded only in terms of the present, it would be better to ascertain marital satisfaction through "controlled longitudinal data" (1974:297).

Age of child. A fifth variable related to crisis is age of child at the time of the study. Studies which included babies from the age of one to six years (LeMasters, 1957; Dyer, 1963; Beauchamp, 1968) reported higher crisis scores than studies which included babies under one year of age (Hobbs, 1965, 1968; Russell, 1974), yet Hobbs (1965) and Russell (1974) found no relationship between age of baby and amount of crisis. Dyer (1963), however, and Hobbs (1968) found the same relationship to be negative even though Hobbs' correlation was very low and statistically insignificant. Other researchers broke the first year down to determine where more crisis would occur. Feldman (1965) noted that many problems adjusting to the baby developed after four to six weeks even though the parent's initial reaction to their new role had been positive. Contrary to Feldman, Meyerowitz (1969) thought more difficulties arose in the fifth and sixth month as opposed to during pregnancy or at five weeks of age.

Length of marriage. Length of marriage was reported as the sixth variable also related to crisis. Dyer (1963) noted that couples who had been married for three years or more showed less difficulty adjusting to the baby. Similarly, Russell (1974) found that the longer the wife was married the less crisis she experienced.

Other variables. Other variables related to crisis which appeared in the literature were reported as follows: 1) Russell (1974) noted that women who reported poor health experienced more crisis than women who said that their health was excellent. Related to the same topic was the finding that women who reported a problem free pregnancy also experienced less crisis (Russell, 1974). 2) Russell (1974) also found that men who reported having very active babies were more likely to experience a high degree of crisis. She also found the reverse to be true for both men and women; that is less crisis than average was reported when both husbands and wives mentioned having quiet babies. Fein (1976) found that though all of the babies in his sample were healthy, mild colic or fitful sleep of the baby affected postpartum adjustment negatively. Parents of these babies expressed feelings of rage, guilt, desparation, and exhaustion. 3) Receiving extra help after the baby was born was shown to cause more difficulty in adjusting to the baby as opposed to no help (Hobbs, 1965). However, when Hobbs replicated his study in 1968, extra help was valued as long as it did not interfere or cast a judgment on the parents in their new role. Fein (1976) found that support to couples by their families was seen as quite important to their postpartum adjustment. The support included such things as visits in the weeks after the birth, advice, presents for the baby, presents for the parents, steady encouragement, and respect for new parents' wishes to be left alone. 4) Age of father at the time of the birth of the first child was negatively related to crisis (Russell, 1974). 5) Men reported more crisis if they viewed the role of "father" as being low in a hierarchy of identities (Russell, 1974). 6) Ease of delivery seemed to be weakly associated with crisis for

both husbands and wives (Russell, 1974). 7) Support from work did not seem to have a great effect on postpartum adjustment but those men who had some degree of flexibility in their work schedules seemed to have an easier time adjusting (Fein, 1976). However, men reported little emotional or material support from people at work for their fatherhood (Fein, 1976). 8) Fein (1976) found that couples who agreed on the ways they would share and divide basic family tasks seemed to have an easier time coping with the changes of postpartum family life than did couples who did not agree. This was more important than development of a role of either high or low home-life sharing.

Variables Associated with Gratification

In the early parenthood as crisis studies, (LeMasters, 1957; Dyer, 1963; Hobbs, 1965, 1968; Beauchamp, 1968) no mention is made of the rewarding aspects of becoming first-time parents. The first time it appears in the literature is in Russell's study (1974). She found six variables significantly related to gratification scores for the men and six for the women. The more educated the couple, the fewer their gratifications. Gratification among men was positively associated with wanting more children and seeing themselves as having a prominent role. Saliency of mother's role was also significantly associated with gratifications and achieving desired family size was positively associated with gratification scores for the women. High gratification scores were reported if both husband and wife perceived their baby to have positively influenced their marriage. Husbands reported higher gratification scores if they were well prepared for parenthood and lower gratification scores

if they held a prestigious occupation. Length of marriage was related to the wife's age; women over twenty-three reported less gratification the longer they were married, whereas women under twenty-three reported more gratification the longer they were married. A positive relationship was found between marital adjustment and gratification scores for the women.

Methodological Issues

The contradictory results of the above studies related to crisis and gratifications in transition to parenthood may be related to some methodological differences in each of the studies. The first author to critically review the several "parenthood as crisis" studies was Jacoby in 1969. One basic methodological criticism he makes is that, of the five studies reported on at that time, there was no uniform or standard method of reporting "crisis scores". Interpretation of the results becomes both hazardous and difficult when the scores vary from no crisis in Hobbs' sample, to 83 percent of LeMasters' respondents experiencing "extensive" or "severe" crisis. Jacoby (1969:722) further suggests that the five earlier researchers may have been measuring different things, thus rendering their crisis scores incomparable. Russell's (1974) findings suggest that perhaps the variation in crisis scores has to do with the varying ages of the children (three weeks in Hobbs' sample to six years in Beauchamp's sample). This makes comparison extremely difficult. Another possibility for the variation in crisis scores may be the different methods used to obtain the crisis score. Hobbs (1965) and Beauchamp (1968) both suggest that higher crisis scores are obtained when an interview is used as opposed to the checklist method. This may be

due to the possibility of masking one's true feelings in either the interview or the questionnaire. Thirdly, it is possible that the difference in the crisis scores would have been minimal had all researchers used the same scoring procedures. A fourth discrepancy may have been the result of the variance in social class used. Three of the six studies are middle-class biased (LeMasters, 1957; Dyer, 1963; Beauchamp, 1968). These same studies, as mentioned previously, report higher crisis scores than those studies which use a more representative sample of the total population (Hobbs, 1965, 1968; Russell, 1974). This would suggest a positive relationship between social class and stress associated with becoming a parent, yet neither Hobbs (1965) nor Russell (1974) find this to be true. Jacoby (1969) outlines six reasons why the transition to parenthood is less difficult for working class parents. These may be stated as follows: 1) The working class woman places a greater intrinsic value on having children; 2) The principal sources of gratification for the working class woman are located within the family rather than outside; 3) Parenthood is far more likely to interfere with career aspirations for middle class mothers; 4) Working class respondents may be less honest in their responses or vice versa; 5) Middle class mothers are less experienced in the care of children; 6) The middle class husband and wife relationship is more strongly established as effectively positive at the time of birth.

A second methodological issue raised is that in all cases retrospective data is used. There is a vast difference between remembering three weeks back (Hobbs, 1965) and remembering six years back (Beauchamp, 1968). This fact could lessen the validity of the crisis scores obtained in these studies. Hobbs (1965, 1968) and

Russell (1974), whose studies included babies under one year, both show lower crisis scores than others who have a wide range of babies' ages (LeMasters, 1957; Dyer, 1963; Beauchamp, 1968). While this might suggest a positive relationship between age of baby and degree of crisis experienced by the parents, this was not supported by Dyer's data (1965, 1968) which notes a negative relationship between age of baby and crisis. A further contradiction is that Hobbs (1968) and Russell (1974) find no relationship between age of baby and crisis.

Of the few other studies reported on the transition to parenthood topic, there is further evidence of contradiction as to when the baby is most problematic to the parents. Feldman (as reported in Hobbs, 1965:371) finds that many problems develop after the first four to six week period. In the same light, Meyerowitz (1969) mentions that parents experience more problems when the baby is five to six months old than during pregnancy or at five weeks of age. It was found by Christensen and Philbrick (1952) that mothers of one or two children have more difficulty adjusting than parents with no children or with three children.

A third difficulty is that in some cases no control was used with regards to premaritally conceived pregnancies. Hobbs' (1968) sample reveals that 34 percent of the couples were pregnant before marriage and Russell's (1974) sample includes 26 percent of the same. Information is not given in these two studies as to how premaritally conceived pregnancies affected the crisis scores.

Another methodological criticism Jacoby makes of existing studies is that a combined score is given to both parents even though there is sufficient reason to believe that the impact of

first parenthood would be different for husband and wife. In fact, Hobbs finds a significant difference at the .05 level between husband and wife scores and Russell (1974) finds the difference to be significant at the .001 level using a two-tailed test. The latter also finds that husband and wife differ as to the area in which they experience crisis, (1974:296). This finding further confirms the inadequacy of the most recent studies (Tanzer and Block, 1976; Wapner, 1976) who gathered information from either the wife or the husband.

A fifth methodological difficulty is that the samples were small (Hobbs: 27 couples; Dyer: 32; Beauchamp: 37; LeMasters:46; Hobbs: 53; Tanzer and Block: 32; Fein: 30). The exceptions were Russell (1974) who had 271 couples and Wapner (1976) who had 128 expectant fathers. It is difficult to compare research done on twenty-seven couples to that done on 271 couples when there are so many discrepancies involved. It should also be pointed out that although Russell's (1974) sample contained 271 couples, it was composed of 296 females and 272 males. This means that although she had 271 couples in her sample, she also had one man without his wife and twenty-five women without their husbands. Therefore, when she speaks of couples experiencing this or that event, it is difficult to ascertain whether she really means couples, women or men.

Conceptual Issues

Although the principal concern of reviewers of transition to parenthood studies is with methodological issues, nevertheless there have been a few studies which attempt to extend the conceptual

analysis of the transition to parenthood into new areas and to show how other variables are related to the "parenthood as crisis" event.

Some of the first researchers (LeMasters, 1957; Hobbs, 1965, 1968; Meyerowitz and Feldman, 1966) and two reviewers (Rossi, 1968; Jacoby, 1969) raise the issue of focusing too much on the "crisis" aspect of the transition to parenthood. When this is done, the researchers acquire only a limited view of the total adjustments involved when becoming a first time parent. The tendency is to view the situation in a negative way, hence obscuring the possibility of noticing certain gratifications (Jacoby, 1969).

Hobbs (1965) seriously questions the legitimacy of a "crisis" label and notes that there is a lack of information on the positive aspects of becoming first-time parents. Meyerowitz and Feldman (1966) recommend zeroing-in on the transition "to a more mature and rewarding triadic system" (1966:84). Rossi (1968) proposes that the transition to parenthood is achieved by most parents more or less successfully and with diverse compromises. Taking on the parental role is seen by her as a developmental stage of one's life span having its unique chores, issues, adjustments, and rewards.

Russell's attempt in 1974 to move away from the "crisis" orientation and focus on gratifications as well as the stressful or problem areas is the first noted in the literature. Since then others (Wapner, 1976; Fein, 1976) have also avoided looking at the transition as "crisis", but have attempted to describe the events, feelings and attitudes surrounding the transition to parenthood.

One further conceptual issue that Jacoby (1969) mentions is that research studies prior to 1969 do not distinguish between behavioral changes and attitudinal changes which may occur with

the advent of the first child. The most recent research (Fein, 1976) made a small attempt to do this with his study on the first few weeks of fathering. Nothing was mentioned as to how the wives reacted in these early weeks. Behavioral changes, like husbands getting more involved in household chores once the baby is born, may be viewed negatively by some parents, positively by others, or neutrally by others. It is imperative, therefore, that some effort be made to record positive, negative, or neutral attitudes toward these many adjustments which new parents must make. Along these same lines, recent research by Nye (1976) indicates that there is a strong relationship between role enactment, role norms, and role competence which should be examined in transition to parenthood.

Thirdly, it should be noted that Russell's (1974) conceptualization of crisis differs from the previous studies (LeMasters, 1957; Dyer, 1963; Hobbs, 1965, 1968; Beauchamp, 1968). She defines crisis as "change in self, spouse, or relationships with significant others which the respondent defines as 'bothersome'" (1974:295). The earlier researchers (LeMasters, 1957; Dyer, 1963; Hobbs, 1965, 1968; Beauchamp, 1968) all used Hill's (1949) definition of crisis which looked more at "patterns of behavior" which change in response to a stressor event. Although Russell (1974) rationalizes the use of her definition to be more consistent with Hobbs' checklist which deals more with feelings and attitudes than "patterns of behavior", it nevertheless presents a problem when attempting to compare crisis scores.

To date no study has looked at the conceptual issues surrounding the expectations that the couples have prior to the birth of their first child. Emphasis, therefore, should still be

placed on the importance of continued efforts to extend our scientific understanding to all the various adjustments made when the role of parenthood is assumed.

A careful examination of the literature reviewed above suggests three crucial issues in the further studies of transition to parenthood. First is the need to provide both conceptual and methodological clarification in the area of first-time parenthood. Such clarification would greatly assist in the understanding and explanation of becoming first-time parents. Second is the need to move beyond the "crisis" issue to a more dynamic and thorough understanding of the process of becoming a parent for the first time. Third is the need to use controlled longitudinal data for a more effective approach to the problems and gratifications of first-time parenthood. These issues will be addressed in the following sections of this thesis.

CHAPTER III

CONCEPTUAL FRAMEWORK

Various conceptual frameworks have been used to view the transition to parenthood, namely: social systems theory, coalition theory, natural triad theory, and developmental theory. An attempt will be made to review how previous researchers saw the transition to parenthood using the various theoretical frameworks mentioned above. Following will be a description of the chosen framework and its implications for this thesis.

A Review Of Conceptual Approaches To The Transition To Parenthood

Social Systems Theory.

The wealth of research on how families respond to and are influenced by stress has generated numerous theoretical ideas. One of the first researchers in the literature to formulate a theory on family crisis was Hill (1949) in his study of war separation and reunion. His model, over twenty years later, remains basically the same even though it was slightly revised by him in 1959, and jointly by Hansen and Hill in 1964. Hill postulated that the relationship between stressor events within the social system of a family and the amount of crisis the family would experience would be positive.

Inspired by Hill's definition of crisis "any sharp or

decisive change for which old patterns are found to be inadequate..." (1949:51), LeMasters (1957) decided to apply it to his research on the transition to parenthood. He was later followed by Dyer, 1963; Hobbs, 1965, 1968; and Beauchamp, 1968. Hill had included in his list of stressor events which may lead to crisis, accession, including unwanted pregnancy. LeMasters' study (1957) was the first accession study on the transition to parenthood to reflect Simmel's theory. In fact, most of the research to date, on parenthood as crisis reflects Simmel's theory of the differences between dyads and triads either directly or indirectly (LeMasters, 1957:354; Hobbs, 1965:367; Russell, 1974:294). The acquisition of a third member disrupts the previously balanced and well-integrated social system causing a certain amount of role and status-shifting among the members of the newlyformed triad. When this happens, the long-cherished values of affection and intimacy must be reoriented and new ways found to meet the needs of each member.

Viewing the family, then, as a small social system reflects Rodger's ideas of a family as a "semi-closed system... which is composed of interrelated positions and roles defined by the society of which it is a part as unique to that system" (1964:264). In light of this definition of the family, crises were then seen as disruptions in the customary functions of the family social system. The less disrupted the system, the less severe the crisis; the more disrupted the system, the greater the crisis.

Although Simmel's theory seems applicable to the first four parenthood as crisis studies (LeMasters, 1957; Dyer, 1963; Hobbs, 1965, 1968), the complications reported by Russell's research tend to be personal rather than systemic. The low crisis situations

that were experienced in her study had more to do with "fatigue, loss of figure, money and in-law problems" (1974:299) than basic instability within the triad.

Coalition Theory

Another approach used by family theorists is coalition theory. Research and coalition theory demonstrate that in situations where power is unevenly distributed within a triad (as in the mother-father-child system), the weakest member of the triad always becomes part of any coalition (Freilich, 1964:532). This may ally one parent and the child against the other parent. Jacoby (1969) criticizes coalition theory as being oriented toward small group laboratory process. He believes coalition theory does injustice to the nuclear family because of the strong normative elements from outside the family, and because of the uniqueness of its own particular structure. Gavron (1966) proposes that couples have time to build a strong coalition between the time of their marriage and the onset of parenthood. Rossi (1968) claims one cannot directly apply small group theory to the nuclear family because of the greatness of dissimilarity in status between parents and children. On the other hand, Caplow (1968) does not believe that the mother-father-child group is a true triad because the small baby "is not a social actor" (Caplow, 1968:63). As a matter of interest, Strodtbeck (1954) cautioned against applying Simmel's theory to the family just three years before LeMasters did the first study in this area. There have been some theorists, namely Tallman, (1970:94) who still argue that you can apply small group theory to the family. Tallman believes that structurally the family is a small group. He sees the family as a relatively permanent ongoing

group with constantly changing goals having a structure that allows for both open channels of communications and centralization of authority. In addition, the family should provide an atmosphere which allows for conflicts of ideas while maintaining consensus as to goals. In essence, these characteristics also apply to small group behavior. However, small group theory has not been used extensively in the study of families, partly because many questions still remain unanswered. Can one apply this theory to infants? Can an infant be responsible for holding lines of communication open? Can one realistically form a coalition with an infant? And, if so, how does it happen? If one can form a coalition with an infant, one must impute character to the infant and, if this is so, is this a true coalition? Can one really employ one spouse and an infant to manipulate the other spouse? It would be fruitful to have more research done on this topic to examine more clearly the potential of applying coalition theory to families with infants.

Natural Triad Theory

Reviewer Jacoby (1969) prefers to apply Freilich's "natural triad" theory to the parenthood issue and condemns researchers for not using it. The natural triad is characterized by three conditions. First, of the three positions in the systems, two have obviously higher status than the other. Secondly, the bond that exists between one high status person and the low status person represents legitimate authority and negative sentiment. The third condition is that the other high status person relates to the low status person in a friendly manner which represents positive effect. The three positions in the triad are labeled high status authority - HSA, high status friend - HSF, and low status subordinate - LSS.

Psychologically speaking, HSA creates tension within the system and HSF reduces tension. The relationship between HSA and LSS meets the instrumental needs of the system or group to which the triad belongs, and HSF and LSS perform an expressive function. Although Jacoby (1969) suggests using the natural triad in research about the transition to parenthood, no one has done it yet. The structure of the natural triad theory is flexible in the sense that any combination of mother-father-child could form any of the positions at any given time depending on the circumstances which presented themselves. An example of one of the directions this theory could take would be bringing the infant to the doctor. Because of the demands of the sick infant, the latter would assume the positions of HSA. The doctor most frequently asks questions of the mother, who tries to console the infant, would assume the position of HSF, and the father, who sits quietly in the background would assume the position of LSS. Speculation of this sort could be utilized to further understand the implications of this theory.

Developmental Theory

Rossi (1968) argues that the developmental framework can deal with both successful and unsuccessful role transitions of men and women, and is therefore more powerful than a framework that deals with only success or failure (1968:488). Yet, she expected the transition to parenthood to be especially difficult because of six role changes. The first of these changes is the newborn's need for its mother is absolute and must be assumed immediately after the birth. Secondly, young people today receive very little formal or informal preparation for parenthood. It is often restricted to some babysitting, a limited amount of caring for a sibling, and

possibly a course in child psychology. Fathers receive even less experience and pregnancy offers even fewer learning opportunities. A third role change is that cultural pressures may be great enough to cause a couple to conceive a child even though they had not planned it at that time. The fourth and fifth role changes often occur when a couple's method of family planning fails, so that once the role of parenthood is assumed, it cannot be reversed as most roles can. Lastly, the couple has literally no place to go to receive definite and noncontroversial guidelines on how to assume the parent role.

The Selected Framework

Having reviewed how other researchers have conceptualized the transition to parenthood, the researcher would now like to outline the approach used for this thesis. Because the nature of this study is to observe the changes in a couple's expectations and behavior over a period of time (six to seven months), a framework which accounts for change over time must be employed. For this reason, the theoretical framework which the researcher feels best suits this approach is the developmental framework.

Briefly speaking, the developmental approach to family studies is mainly concerned with norms and behavior over time. As time proceeds, different norms come into play, are modified, and have various effects on one's behavior. Hill and Hansen (1960) readily admit that the developmental conceptual framework does not exactly represent a unique approach to studying the family; instead, it encompasses various aspects of several previous theoretical approaches and attempts to unify them. Hence, rather than focus

on the family at one static point in time, it focuses on the time dimension of the family system, better known as the family life cycle. In this way, it attempts to account for changes in patterns of interaction at different stages in a couple's life from the time they marry till one or both spouses die.

In order to better understand the complete framework, an attempt will be made to define the basic concepts and assumptions used in this framework.

Development

The developmental conceptual framework views development as a process which occurs in a living structure or organism over a period of time (Harris, 1957). In human development, changes occur by processes within and by interaction with the environment outside. Just as an individual family member grows, develops, matures and ages, so the family moves through a series of stages from the time of its formation to its dissolution. The family develops to the extent that mutual interaction patterns develop to fulfill the ever-changing needs and wants of the individual and family. The families in this thesis hence, will be viewed in light of this ever-changing, ever-evolving process of developing as their life unfolds and they grow together.

The family as a semi-closed system. When Rodgers (1964:264) defined the family as "a semi-closed system of actors occupying interrelated positions...", he did so for three reasons. First of all, he observed that the family is neither completely dependent nor independent of other social systems. That means when couples become parents they do not do so without a certain amount of influence, particularly in the line of advice from their relatives and friends.

Secondly, because of the interrelatedness of its parts, a change in one part of the family results in a change in another part. Hence, if the mother is over-tired and discouraged, it goes without saying that the father and the baby will feel it. The baby may react by being fussy and possibly the husband may want to leave the household and get away. Thirdly, because the family is composed of individuals as well as group members, all changes must be accounted for. An example of this may be that if the baby is fussy because of mother's tiredness and crossness, it should be recognized as such.

Norms, roles and positions. According to Rodgers (1973:15) a norm is the basic building block for groups. Since the developmental framework views the family as a small group association, a norm in that context is seen as a behavioral or role expectation shared by family members and considered relevant by them. A norm is defined by each individual culture.

A role is a combination of norms related to each other (Rodgers, 1973:16). Roles have to be defined, assigned, perceived, performed and integrated with other roles (LeMasters, 1974:60). A role is a set of expectations defined by the culture and in essence makes up the dynamic part of a social position. Nye (1976) identifies eight major family roles: child socialization, child care, provider, housekeeper, kinship, therapeutic, sexual, and recreational, some of which will be referred to in the chapter on results.

According to Hill and Rodgers (1964) a position refers to the location of the family member in the family structure. In the Canadian nuclear family, these positions could be husband-father, wife-mother, daughter-sister, son-brother. Each position in the family contains its dominant roles. Husband-fathers in the past

almost always were expected to be the providers and wife-mothers were expected to be the home-makers.

Role behavior. Since roles are made up of a combination of norms and norms are made up of culturally defined expectations, it follows, then, that the performance of a person fulfilling a certain role is called role behavior. Put simply, role behavior is the performance or action that accompanies a role.

Role-cluster. A role-cluster is defined by Rodgers (1973:18) as "the set of concurrent roles which are the content of a position at any particular point in time in a given group".

Role sequence. The normative content of a role that changes over time (Rodgers, 1973:18) is a role sequence. The change could be caused by changes in the individual himself, changes in the family or changes in society at large. Irwin Deutscher (1959:18) identifies the phenomenon of role sequence when he mentions that "as an individual moves through the family life cycle, he is called upon to play a series of roles sequentially, in distinction to the many roles he may play concurrently at any one period of his life".

Role transition. Role transition is defined in this thesis as the action of moving from one role to another. It is not difficult to imagine that some role transitions are made up of only small changes in the expectations and behaviors in a person's life, whereas other transitions necessitate major changes. For example, there is little doubt that the normative changes occurring when one becomes engaged are considerably less involved in both number and significance than those when one assumes the parental role (Burr, 1973:140). Similarly, if one makes a transition involving several roles simultaneously, one will make more changes in

his normative behavior than if one changes only one role. Therefore, it would appear that one could expect to experience more difficulty adjusting to the new roles in the transition if one had many normative changes to make in one's life.

In terms of this thesis, and along the same lines as Rossi's thinking, changing positions from being a husband to being a father is not too drastic, yet the roles and role behavior that accompany the social position of being a father are more difficult to adjust to. Becoming a parent, a nurturer, a cook, a bottlewasher, in a short space of time produces more conflict than being called a father. Many husbands, for example, never had to or wanted to assist with the dishes, or be responsible for the laundry or vacuuming, until the baby came along, and then suddenly found themselves doing these chores.

Following the suggestions of Jacoby (1969) and the example of Fein (1976), Russell (1974), Tanzer and Block (1976) and Wapner (1976) of not focusing entirely on crisis, the researcher will not use the term "crisis" in this study. The word "crisis" tends to have a derogatory connotation. Parenthood, viewed in the light of the developmental framework, is seen as a role transition which obviously demands changes on the part of the persons involved. This change is more or less difficult depending on the preparation the person has received, the resources available to make the change, and on how willing the person is to change. Because this study will be a descriptive one, the changes that occur will be described, but they will not be measured for intensity of change. This is a departure from the lines of the previous studies in the area of the transition to parenthood.

Developmental tasks. Each member of the family and the family as a unit, as it progresses through the family life cycle, is concerned with expected future changes in its development. Goals, set up in advance in terms of role expectations or normative behavior come into play and are revised as time goes on. These expectations or behaviors are referred to as developmental tasks. How well they handle these tasks reflects the successfulness of the development of the family. Failure to incorporate the norms leads to lack of integration, extra pressure, and difficulty in integrating future norms into the role cluster of a particular position.

Duvall (1967) outlines specific developmental tasks for each stage of the family life cycle. The developmental tasks which she deems essential for the expectant family are as follows:

1) arranging for the physical care of the expected baby
2) developing new patterns for getting and spending income
3) revaluating procedures for determining who does what and where authority rests
4) adapting patterns of sexual relationships to pregnancy
5) expanding communication systems for present and anticipated emotional needs
6) reorienting relationships with relatives
7) adapting relationships with friends, associates, and community activities to the realities of pregnancy
8) acquiring knowledge about and planning for the specifics of pregnancy
9) maintaining morale and a workable philosophy of life.

(Duvall, 1957:159)

The other set of developmental tasks that relate to this thesis are those that pertain to the childbearing family, and again, there are several:

1) adapting housing arrangements for the life of the little child
2) meeting the costs of family living at the childbearing stage
3) reworking patterns of responsibility and accountability
4) re-establishing mutually satisfying sexual relationships
5) refining intellectual and emotional communication systems for childbearing and rearing
6) re-establishing working relationships with relatives
7) fitting into community life as a young family
8) planning for further children in the family
9) reworking a suitable philosophy of life as a family.

(Duvall, 1957:225)

Duvall's developmental tasks were developed a number of years ago and although they deserve a lot of merit, they still can be challenged. One thing Duvall maintains is that one cannot successfully pass from one developmental stage to another without first accomplishing all the tasks at the previous stage. This represents a basic weakness in the theory in that some of the tasks are very similar from one stage to another, and that possibly if one were more mature or more ready at the subsequent stage, more work could be done to compensate for the weakness at the previous stage. Hence, one's physical development may be out of harmony with one's social or emotional development for a time. Yet, when the person reaches full maturity, all three aspects of his development may well be in harmony.

A second criticism is the element of repetition in Duvall's developmental tasks. Tasks 9 for both of the above-mentioned stages are the same. It would appear that if one could carry out the first eight tasks, one would automatically develop a "workable philosophy of life".

A third criticism is that many of the developmental tasks could be combined to form one. For example, in the expectant phase, tasks number 2 and 3 could be combined into one task: developing mutually acceptable ways of relating to each other. Similarly, tasks 4 and 5 could be combined to read: developing mutually acceptable communication patterns.

A fourth weakness of the developmental tasks is they cannot be applied "carte blanche" to everyone. For example, developmental task number 4 in the expectant phase reads: "reorienting relationships with relatives". This may not be so if the couple live far away from their close family; there may not be much reorienting to do at all.

A fifth and major criticism is that Duvall has not revised these developmental tasks to fit the changing sex role structure of modern society. For example, no provision is made for the developmental tasks of the working mother. Although Duvall's (1957) developmental tasks have limitations, they are nevertheless helpful in seeing how individuals and families move through the different stages of the family life cycle according to their physical maturation and the cultural pressures and privileges placed upon them.

Family life cycle. Although this concept has already been briefly described, it should be noted that various researchers have tried to identify certain stages or categories of this cycle of family. Sorokin, Zimmerman and Gilpin (1931), identified four stages; National Conference on Family Life (1948), identified seven stages; Duvall (1957:8), identified eight stages; Feldman (1961:6), identified eight stages; and Rodgers (1962:64-65), identified

twenty-four stages. The demarcation line from one stage to another is determined by the amount of transition required by the particular event in the family (Nye and Berardo, 1966:206). Agreement has been reached on two divisions at least: expansion, the period of time when children are born and reared, and contraction, the time when the children are launched and the couple turns to each other again. In general, though, the family life cycle extends from the wedding of a couple to the death of one of the spouses. This particular thesis will relate to two stages within the expansion phase, namely: the childless period and the period with children under thirty months.

Each theoretical framework has some limitations, and the developmental approach is no exception. Larson (1972:4) claims that its primary weakness "lies in its conceptual inability to deal with self conceptions and evaluations and the dynamics of covert and overt behavior processes". If most behavior were normative, most behavior would be patterned and accordingly involve little bargaining or negotiation activities. However, we all know that most behavior in marriage and within families is of an "ad lib" variety. Also, because the normative range within families is broad, individuals within the family system are allowed varying normative definitions, thus are not restricted to certain ones. Cognitive processes are a fundamental element in interaction, and the developmental approach does not take this into account.

In spite of its limitations, the developmental framework has been selected as the approach to view the transition to parenthood because it encompasses the internal dynamic processes in the two stages that will be looked at in the family life cycle of the nuclear families studied. Because the family is seen in

the context of the developmental framework as a unit of interacting personalities, a change in the position of husband or wife or in one of the roles they take on, will automatically necessitate a change in another position or role. The present thesis will attempt to describe, not quantify, the changes that occur with the onset of parenthood at the two selected developmental stages. This will be possible because of the longitudinal design of this study over a short period (six to seven months) moving forward in time.

CHAPTER IV

THE RESEARCH DESIGN

The present study will utilize a panel study model to describe the major role changes and adjustments of primigravida women and their husbands. According to Babbie (1973:64), a panel study involves "the collection of data over time from the same sample of respondents".

The Sample

A non-random sample of ten primigravida women and their husbands living in the Industrial Area of Cape Breton, Nova Scotia, were interviewed at three time intervals: three months prior to the expected date of confinement, two to four weeks after the birth of the baby, and three months after the birth of the baby.

Since the main interest of this study was to describe the phenomenon, not to generalize to a population, a non-random sample was utilized. A list of the obstetrician-gynecologists practicing in the Industrial Area of Cape Breton was obtained. These three doctors were personally contacted by the researcher to obtain their cooperation. The nature of the research study was described, and they were asked to provide a list of all primigravida patients who met the research criteria and who were in their fourth or fifth month of pregnancy. Once the list was obtained, each patient was

contacted by telephone by the researcher to determine whether or not she and her husband were willing to participate in the study. Participation was voluntary and fully confidential. No attempt was made to control for any factors other than that: 1) both husband and wife must be between twenty and thirty-five years of age, 2) the husband and wife must be presently married for no less than one year, and 3) the wife must be expecting her first child. Any woman who had previously had a miscarriage, an abortion or a stillbirth were automatically excluded from the study.

The interviews were conducted between April 1975 and March 1976. In order to obtain ten couples, the researcher approached two more doctors: one in Sydney, Nova Scotia, and one in North Sydney, Nova Scotia. Both doctors were general practitioners. Two more couples were obtained for the sample in this manner: one from each doctor. A total of twenty-six couples were contacted to participate in the study. Sixteen couples representing 61.5 percent of the total number of couples contacted refused to take part in the study. Reasons given for refusal were: 1) too busy building a house before the baby's birth, 2) husband had his own business and was out of town a lot, 3) husband was not interested, 4) both husband and wife were not interested at this time, but that if any other research projects cropped up in the future, they would reconsider their decision, 5) wife was not well - she had been in and out of hospital, and 6) husband was a church minister and the couple was being transferred to the United States. The reasons given most frequently for not participating in the study were: 1) too busy building a

house, 2) husband was not interested, and 3) husband and wife were not interested at this time.

Nature Of The Interview

The prenatal interview addressed itself to eight main areas: 1) role-allocation in marriage, 2) marital adjustment, 3) interaction with kin, 4) attitudes toward self in pregnancy, 5) expectations for the baby, 6) preparation for parenthood, 7) mother's employment, and 8) demographic information on the parents. Of these eight areas, sections 1, 2, 3, 4, and 6 were answered by the couples themselves. Parts 5, 7, and 8 were conducted as interviews. For clarification purposes, the term "interview" will be used at all times to refer to the data-gathering process.

The two postnatal interviews addressed themselves to seven areas of which the first three were identical to the first interview. The areas that were different were: 1) attitudes toward self in parenthood, 2) nature of the birth experience, 3) preparation for parenthood, and 4) adjustment to the baby. Of the seven areas that were examined, the first four were treated as questionnaires, and the last three as interviews. The wife was interviewed by a female interviewer (the researcher), and the husband was interviewed by a male interviewer (the researcher's husband). The interviews were conducted jointly in the interviewees' home in separate rooms.

Definitions and Instrumentation

The following instruments were used for the various sections of the interview.

Marital interaction. For the purposes of this study, marital interaction was defined as the pattern of relationships

that exist between husband and wife. Measures of marital interaction were: 1) role-allocation - developed by the researcher and pre-tested from April to September 1974, and 2) marital adjustment - measured by the Locke-Wallace marital adjustment inventory short form (1959) and scored using the modified form of Locke's marital questionnaire and scoring key (1974).

Kinship interaction. The questions for this section were adapted from Bert Adams' interview schedule taken from Kinship in an Urban Setting (1968).

Attitudes toward self during pregnancy and parenthood. This part of the questionnaire was developed and pre-tested by the researcher (April to September 1974) along the same line as Meyerowitz's (1970). Separate forms were developed for husband and wife.

Expectations for the baby and anticipated changes in life style. Open-ended questions were used for this section along with one question on how well the couple felt they were prepared for parenthood.

Preparation for parenthood. This section was also developed and pre-tested by the researcher (April to September 1974). The couple was asked to list the source of information on various topics as well as rank order the three most important sources of information and the three most important topics to receive information on. The second and third interviews on this section addressed themselves to: 1) determining whether the couple received adequate or inadequate information on parenthood, 2) listing the sources of misinformation if there were any, 3) determining if there were any gaps in the information they received, and 4) assessing whether they would seek out additional information or not.

Nature of the birth experience. The following variables regarding the nature of the birth were examined: 1) length of labor, 2) how husband and wife felt about the labor, 3) participation of father during labor and birth, 4) rooming-in arrangement, 5) complications, if any, and 6) length of stay in hospital.

Information on the baby. The variables in this section consisted of: 1) birth date, 2) birth weight, 3) sex, 4) any particular difficulty with baby, 5) any particular feeding problems, 6) activity level of baby, and 7) sleeping pattern of baby.

Adjustment to the baby. This section, as well as sections V and VI, were developed and pre-tested by the researcher (April to September 1974). Some of the variables looked at were: 1) does mother plan on returning to work if she worked before, 2) does mother anticipate any problems, 3) who will babysit if mother goes back to work, 4) does husband go out with the boys if he did before, 5) has the birth caused changes in husband's pattern of employment, 6) how has life style changed, and 7) what has caused the most concern since the birth of the baby.

Demographic information on the parents. The following variables were looked at: 1) age of each spouse, 2) length of marriage, 3) education of both spouses, 4) husband's occupation, and 5) socio-economic status measured by Hollingshead's index (1957).[1]

Data Analysis

The nature of the data directs the method of analysis.

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[1]The entire original interview may be found in the Appendix.

Qualitative rather than quantitative data has been collected in this study. The sample design is non-random, and the sample size is small. The representativeness of the sample cannot be determined, and the small sample size does not permit the use of large sample statistics. Therefore, statistical analysis is inappropriate.

According to Selltiz et al. (1959), non-quantified data can be utilized in two ways: "to illustrate the range of meaning attached to any one category, and to stimulate new insights". This study focuses primarily on the first function. A close look at raw (non-quantified) data may reveal a pattern of relationships between the variables. The details in raw data may also suggest a possible explanation of some relationships. In addition, raw data preserves information about dynamics or various dimensions that may be lost in quantification.

Because it can portray the extent of meaning attached to any one area, the analysis of raw data is particularly useful in descriptive research. In this study, an attempt was made to describe the changes that occur in various areas, such as: 1) role-allocation, 2) marital adjustment, 3) interaction with kin, and 4) attitudes toward self during pregnancy and parenthood. The changes were compared from one time period to another. The data on each couple was compared to that of other couples by the use of tables and graphs.

In addition to the above, one case study was used to expand the raw data and to illustrate and describe the adjustments and role changes that a couple experience with the birth of their first child. The couples in the case histories were followed through the three time intervals. Final analysis of the data

suggested that certain areas of first parenthood deserved further study.

Table 1 provides a summary of information concerning the nature of the sample and the data collection of parenthood studies to date.

TABLE 1. SUMMARY INFORMATION ON PARENTHOOD STUDIES

	LeMasters 1957	Dyer 1963	Hobbs 1965	Hobbs 1968	Beauchamp 1968	Russell 1973	Sevigny 1976
	N=46 couples	N=32 couples	N=53 couples	N=27 couples	N=37 couples	N=271 (296f) couples (272m)	N=10 couples
Sample	Nonprobability Urban Middle class Wife unemployed 25-35 years Child under 5 Intact marriage Husband college grad.	Nonprobability Urban Middle class Under 35 Wife unemployed Child under 2 Intact marriage college ed.	50% random sample Urban Range of classes Couples' ages 16-38 Education: illiterate to grad. degree Babies 3-18 weeks	Random Same general characteristics as 1965 study except babies' ages 6-52 weeks	Nonprobability Middle class Fathers students Intact marriages Babies' ages 5 mos. to 6 years	20% random sample Urban Couples' ages 16-47 years Education: illiterate to grad. degree Babies' ages 6-56 weeks	Nonprobability Urban Range of classes Couples' ages 21-31 Education: 2 yrs. high school to grad. degree Babies' ages 0-3 months
Data Gathering	Unstructured interview Scores by agreement between interviewer and couple	Likert-type questionnaire	Questionnaire with 23 items Checklist	1965 questionnaire plus taped interviews rated by panel of judges	Questionnaire and interviews	Questionnaire	Longitudinal 3 months prior to birth 2-4 weeks after birth 3 months after birth Interview and questionnaire

CHAPTER V

RESULTS

The purpose of this study was to describe longitudinally the phenomenon of parental adjustment to first parenthood and to use this information to make suggestions for educational programs for prospective parents. This chapter describes in detail the various role changes and adjustments that occur with the inception of first parenthood. The discussion is organized around the following topics: demographic information, role-allocation, marital adjustment, kinship interaction, attitudes toward self during pregnancy and parenthood, preparation for parenthood and expectations and adjustment to the baby. Each couple has an identification number and will be referred to as such.[1]

Demographic Information

The ten couples interviewed for this study all lived in the Industrial Area of Cape Breton, Nova Scotia, that is, within a fifteen mile radius of the city of Sydney, Nova Scotia. Of the twenty people involved, eight had lived in the Industrial Area all their lives. Of the remaining twelve people, one had lived in Cape Breton county, three had lived elsewhere in Cape Breton,

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[1]Numbers were assigned to the couples to insure the anonymity of the respondents. Hence W-1 refers to wife one and C-3 refers to couple three.

three had lived elsewhere in Nova Scotia, two had lived in another Maritime province, one had lived in Ontario or Quebec and two had lived in the United States of America prior to coming to the Industrial Area.

Table 2 provides a thumbnail sketch of the demographic variables on each couple.

Role Allocation

This particular section described the expectations (norms) of the couples and their actual behavior in terms of the various roles assigned to them. Expectations were described as the couple's perception of whom they thought should do certain things. Response categories were as follows: husband, wife, both, or not applicable. Actual behavior was described as the couple's perception of whom they thought usually did certain things. Response categories were the same as for the expectations. To score both the expectation and behavior responses, the researcher merely counted how many times each response had been used.

With the exception of one person (H-2), both husbands' and wives' perception of the number of things they did together (making meals, doing the laundry, vacuuming) increased at the time of the birth. Ten people perceived their amount of togetherness to be decreasing at the three month period; three people perceived their amount of togetherness to be the same (W-7; H-9; H-10) and three men (H-2; H-5; H-7) and four women (W-7; W-8; W-9; W-10) perceived an increase in the number of things they did together as a couple. This means that half of the people in this sample decreased in the number of things they perceived themselves to be

TABLE 2[1] PROFILE OF SAMPLE

		Age in years[2]	Length of marriage[3]	Previous marital status	Socio-Economic status[4]	Educational level	Occupation and Employment status	Sex of child
Couple 1	Husband 1	29	3 years	single	Class II	B.A., B.ED.	Teacher - Em[5]	Male
	Wife 1	22		single		Teacher's certificate class 3	Teacher - Em	
Couple 2	Husband 2	31	4 years	single	Class III	Business college	Owns small business - Em	Male
	Wife 2	30		single		B.A., B.ED.	Teacher - Pt[6]	
Couple 3	Husband 3	24	3 years	single	Class II	B.A., B.ED.	Teacher - Em	Male twins
	Wife 3	24		single		R.N.	Nurse - Ue[7]	
Couple 4	Husband 4	21	1 year	single	Class III	2 years university	Purchasing agent - Em	Male
	Wife 4	21		Single		2 years high school	Nurse's aid - Pt	
Couple 5	Husband 5	26	4 years	single	Class II	M.A.	Teacher - Em	Male
	Wife 5	26		single		B.A., B.ED.	Teacher - Ue	
Couple 6	Husband 6	26	2 years	single	Class IV	3 years high school	Security police - Em	Male
	Wife 6	22		single		2 years university	Research assistant - Em	
Couple 7	Husband 7	26	4 years	single	Class I	B.SC., B.Eng. M.E.	Engineer - Em	Female
	Wife 7	27		single		R.N.	Nurse - Ue	
Couple 8	Husband 8	28	2 years	previously married	Class II	B.A., B.ED.	Teacher - Em	Female
	Wife 8	28		previously married		Business college	Secretary - Ue	
Couple 9	Husband 9	27	3 years	single	Class II	B.A., B.PE.	Teacher - Em	Female
	Wife 9	26		single		B.A., B.ED.	Teacher - Em	
Couple 10	Husband 10	26	1 year	single	Class III	3 years high school	Radar technician - Em	Female
	Wife 10	25		single		B.A.	Teacher - Ue	
		Range 21-31	Range 1 - 4 years		Class I - Class IV			

[1] All the information in the table refers to the raw data at time 1.

[2] Mean age for the men was 26.4 years
Mean age for the women was 25.1 years

[3] Mean length of marriage was 2.7 years

[4] Class I is higher socio-economic status than Class IV.

[5] Em = Fully Employed

[6] Pt = Employed part time

[7] Ue = Unemployed

doing together once the baby was three months old, and the other half either saw themselves doing the same amount of things together or increased in the number of activities they perceived themselves to be performing together as a couple. Of the total sample, sixteen people perceived an overall increase from time 1 to time 3 in the number of things they did as a couple. The exceptions were: H-3, W-1, W-3 and W-4.

Without exception, the perception of the couple's expectations of who should do what were either the same or higher than the couple's perception of their actual behavior at any given time. Twelve people experienced a rise in their perception of their expectations of doing things together as a couple at the time of the birth. These were couples 1, 3, 4, 7 and husbands 2, 6, 8 and 10. It is interesting to note that only four women expected to do more things together once the baby was born, while twice as many men (eight) expected to do more things together once the baby was born. Not one person perceived himself to have the same expectations at the time of the baby's birth as he had had three months prior to delivery. On the other hand, eight people's perception of their expectations of doing things together stayed the same or dropped at the time of the birth: two men as opposed to six women (H-5; H-10; W-2; W-5; W-6; W-8; W-9; W-10).

In five instances when the wife saw herself doing more things at the time of the birth, her perception of doing things as a couple dropped. The reverse was true for one wife, W-4. In three cases when the wife's perception of the number of things she did on her own increased, her perception of her expectations of doing things together with her husband also increased (W-1;

W-3; W-7).

Wife-two was the only woman who reported that she did fewer things at the time of the birth. While she saw herself doing fewer things, her expectations of doing things with her husband also dropped. One explanation may be that she had had a caesarian section during a nurses' strike and was discharged from the hospital on her fifth day. A close look at the data indicated that her husband increased slightly in the number of things he perceived himself to be doing, possibly in an attempt to help out at that time. It is interesting though that he perceived his wife to be doing more than she saw herself to be doing. It is further interesting to note that when W-2 saw herself doing fewer things on her own, she also thought her expectations of doing things together were fewer.

No significant change was recorded in the couples' perception of their expectations of doing things together from time 2 to time 3. Ten people's expectations of doing things together either stayed the same (H-2; H-5) or dropped (C-1; C-3; H-4; H-6; H-10; W-5). Ten people's perception of their expectations of doing things together rose at time 3: (C-7; C-8; C-9; W-2; W-4; W-6; W-10). A possible explanation may be that three months after the birth is not a time for major role changes whereas the birth of the baby may be much more so. Although some adjusting still occurs at the three month period, it is not as apparent as at the time of the birth.

Marital Adjustment

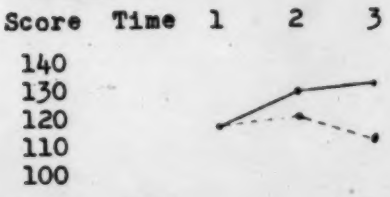
Marital adjustment as measured by the Locke-Wallace short

form (1959) was a significant variable tested in relationship to change over time. Responses were scored according to a system of weighted scores using the modified form of Locke's marital questionnaire and Scoring Key (Kimmel and Van Der Veen, 1974). The total score, consisting of the sum of all the scores on all the items, had a possible range of 48 to 138 for husbands and 50 to 138 for wives.

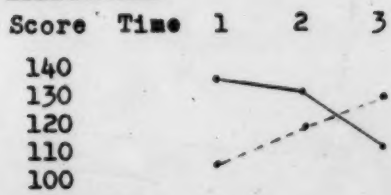
Examination of Graph 1 revealed that the birth of the first child did indeed cause a change in the marital adjustment pattern of the couples in this sample. In fact, four husbands (H-1; H-2; H-6; H-10) and four wives (W-1; W-5; W-7; W-10) recorded an increase in marital adjustment at the time of the birth of their first child. On the other hand, six husbands (H-3; H-4; H-5; H-7; H-8; H-9) and six wives (W-2; W-3; W-4; W-6; W-8; W-9) recorded a drop in marital adjustment with the advent of their first child. From the time of the birth to three months later, the marital adjustment scores for six wives had either stayed the same (W-10) or had risen (W-1; W-3; W-6; W-8; W-9; W-10) regardless of whether they had risen or fallen previously to the birth. The scores of wives 2, 4, 5 and 7 fell to lower than they had been at the time of the birth. As for the husbands' scores at the three month interval, six of them, the same amount as the wives, either stayed the same (H-3; H-7) or had risen (H-2; H-4; H-5; H-10), whereas four husbands (again the same number as the wives) dropped (H-1; H-6; H-8; H-9) to below where they had been at the time of the birth. From time 1 to time 3, four of the women increased in marital adjustment scores; four stayed the same and two decreased. The husbands seemed worse

GRAPH 1 MARITAL ADJUSTMENT SCORES

Couple # 1



Couple # 2



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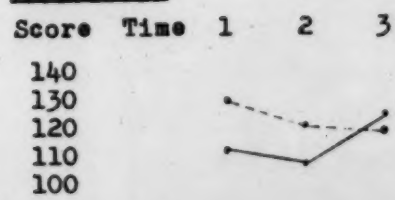

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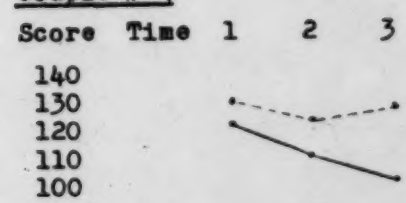
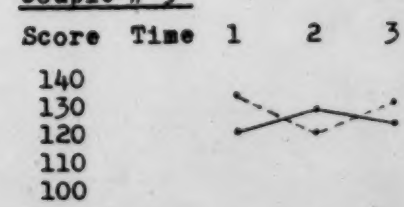
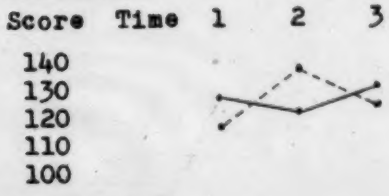


Couple # 5



Couple # 6



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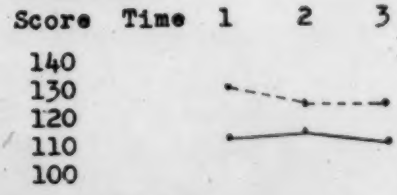
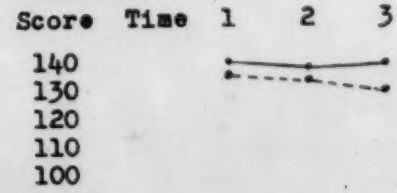
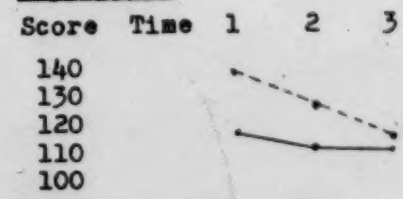


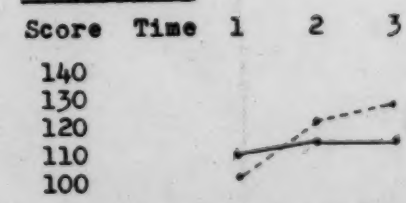
Couple # 8



Couple # 9



Couple # 10



Husband's Score --- Wife's Score ____. Husband's range: Time 1 (101-135), Time 2 (113-134), Time 3 (113-131). Wife's Range: Time 1 (106-137), Time 2 (105-135), Time 3 (98-137). Husband's mean scores: Time 1 - 121.4; Time 2 - 121.5; Time 3 - 121.5. Wife's mean scores: Time 1 - 118.8; Time 2 - 118.7; Time 3 - 117.3.

off: the scores of seven of them decreased while only three reported an increase in marital adjustment.

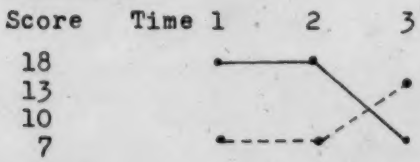
Marital Happiness

The marital happiness scores refer to a self report of how happy each person felt he was at the time of each interview. The respondents were asked to place a check mark on a graduated line extending from very unhappy to perfectly happy. Weighted scores were then given to each portion of the graduated line in accordance with the modified form of Locke's marital questionnaire and scoring key (Kimmel and Van Der Veen, 1974). The possible range of the weighted scores was 0 to 18. In essence, the marital happiness scores make up part of the total marital adjustment score. There appeared to be less change in the scores for this item than for the marital adjustment scores. This was demonstrated by three wives (W-1; W-8; W-10) and three husbands (H-3; H-5; H-8) who reported their happiness to be the same at the three time periods. The degree of happiness experienced by couples 3 and 9 stayed the same from the time of the birth till three months later, and W-5 experienced the same degree of happiness till the birth and then dropped a bit. As a whole, couples 2, 6, 7 and 10 seemed to reveal the most changes in their state of happiness. However, if one were to look at both the marital adjustment and marital happiness variables, it would appear that couples 2, 4, 6 and 7 experienced more change over time than the other couples did.

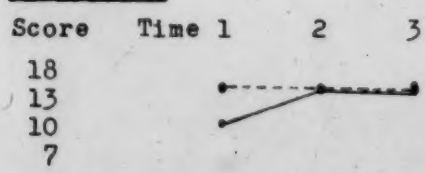
GRAPH 2. MARITAL HAPPINESS SCORE

Couple # 1

Couple # 2



Couple # 3



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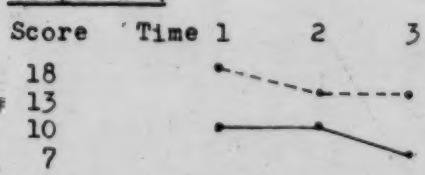

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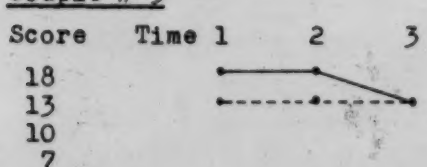

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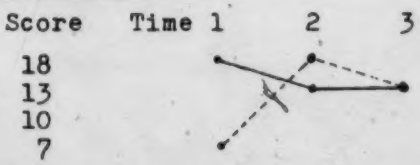

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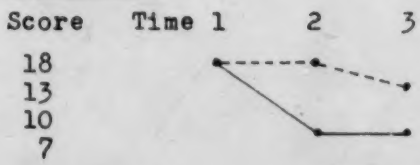

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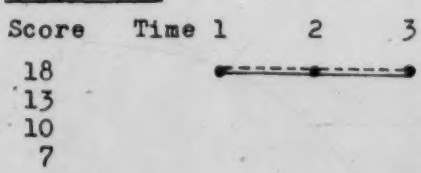

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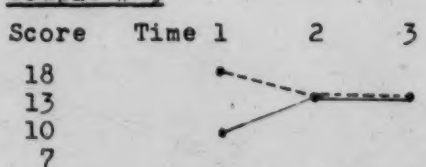

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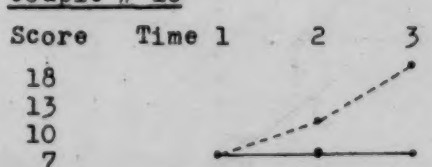


* 18 = Perfectly happy; 7= Happy; 0 = Very unhappy
Mean scores for husbands: Time 1 (13.7); Time 2 (13.6); Time 3 (14.0)
Mean scores for wives: Time 1 (13.4); Time 2 (12.6); Time 3 (10.5)
Range for husbands: Time 1 (7-18); Time 2 (7-18); Time 3 (13-18)
Range for wives: Time 1 (7-18); Time 2 (7-18); Time 3 (7-18)

Husband's Score _ _ _ _ Wife's Score _____

Kinship Interaction

Several questions were examined under kinship interaction. The first of these was: has the pattern of seeing your parents over the past two years changed since pregnancy or the birth of the baby? The findings in Table 3 seemed to indicate more of a change for the women than for the men, especially just after the birth (six women said "Yes" whereas only one man said "Yes"). This first question was related to the following question: Do you wish you could see your parents more or less often? As Graph 3 shows, four women seemed satisfied with the present frequency of seeing their parents, whereas five women wished they could see their parents a little more or much more often. One woman wished she could see her parents a little less often.

Generally speaking, the husbands seemed quite content with the frequency of seeing their parents, although at the time of the birth there was a decrease in the number of husbands wanting to see their parents a little more often. By the time of the third interview, four husbands expressed the desire to see their parents a little more often once again.

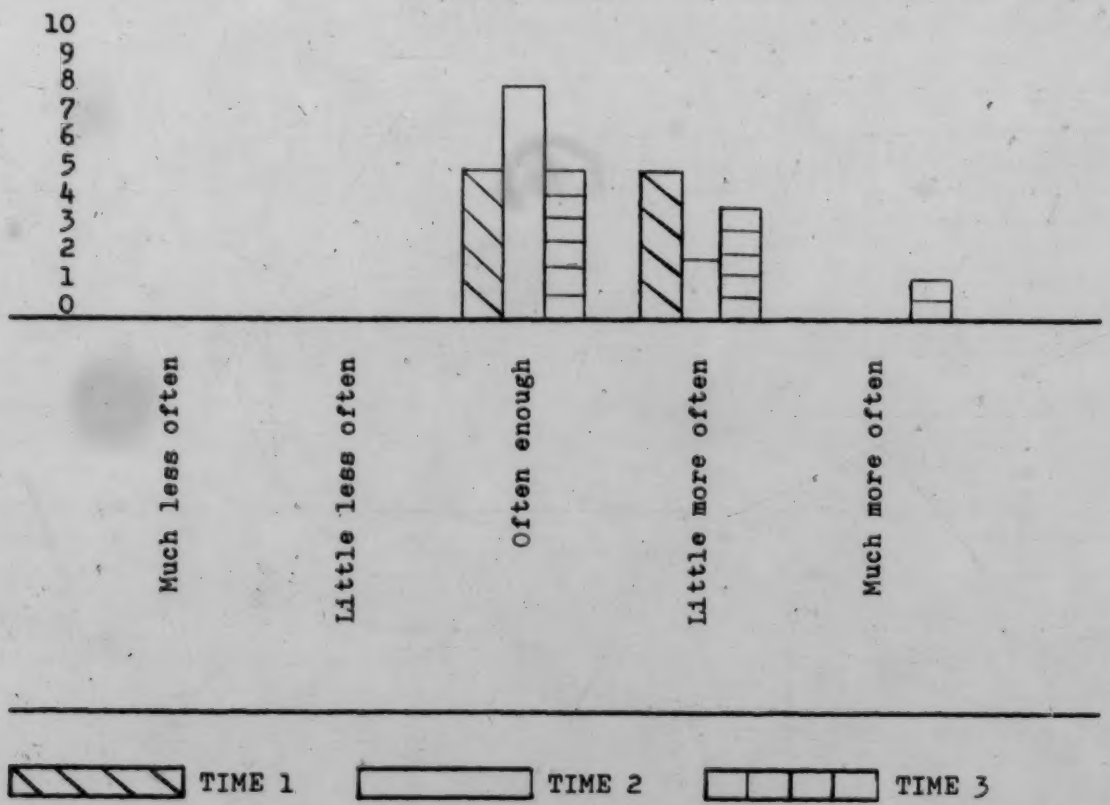
No relationship was found between the desire to see one's parents more frequently and the proximity of one's parents. This means that the desire to see one's parents more frequently existed regardless of whether the parents lived in Sydney, Nova Scotia, or as far as elsewhere in the Maritimes.

The third question that was looked at in this section was: Has the pattern of writing letters to your parents changed since pregnancy or the birth of the baby? Table 4 indicates that the men

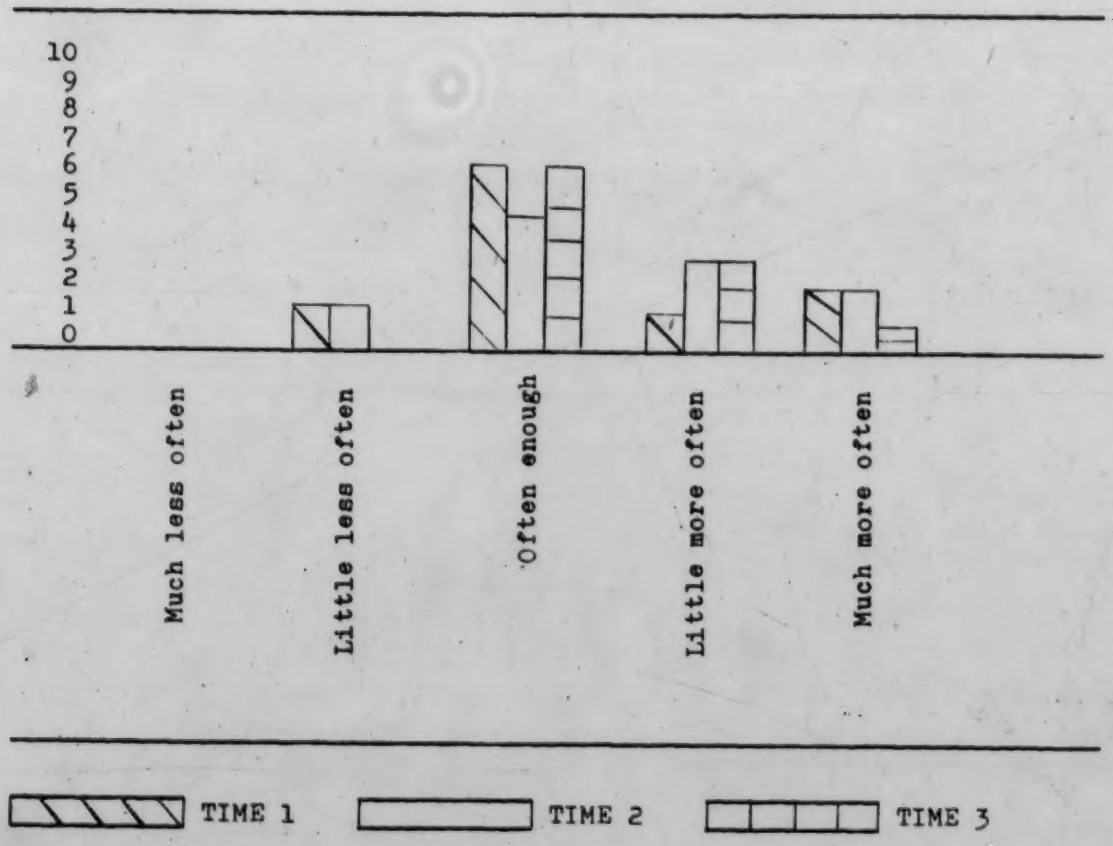
TABLE 3. CHANGE IN PATTERN OF SEEING PARENTS OVER THE LAST TWO YEARS

	HUSBANDS			WIVES		
	TIME 1	2	3	TIME 1	2	3
YES	2	1	3	3	6	4
NO	5	9	7	6	4	6
NO RESPONSE	3	0	0	1	0	0

GRAPH 3. HUSBAND'S DESIRE TO SEE PARENTS



GRAPH 4. WIFE'S DESIRE TO SEE PARENTS



seemed quite united with all of their responses in the "no" category.

TABLE 4. PATTERN OF WRITING LETTERS TO ONE'S PARENTS SINCE PREGNANCY OR THE BIRTH OF THE BABY

	HUSBANDS			WIVES		
	TIME 1	TIME 2	TIME 3	TIME 1	TIME 2	TIME 3
YES	0	0	0	1	0	0
NO	6	10	10	7	6	7
NOT APPLICABLE	4	0	0	2	4	3

Telephoning one's parents as indicated in Table 5 seemed to increase at the time of the birth for the women, but the pattern returned to as it was during pregnancy at the three month interview. The pattern for the men showed a slight increase over the three time periods.

TABLE 5. PATTERN OF TELEPHONING ONE'S PARENTS SINCE PREGNANCY OR THE BIRTH OF THE BABY

	HUSBANDS			WIVES		
	TIME 1	TIME 2	TIME 3	TIME 1	TIME 2	TIME 3
YES	2	3	4	3	5	3
NO	5	7	6	6	5	7
NO RESPONSE	3	0	0	1	0	0

Little or no change was recorded in Table 6 for the pattern of who calls who. Only two husbands said the birth of the baby caused a change in the pattern of who calls who and this decreased by one at the next two interviews. One woman only experienced a

change in the pattern of who calls who which was noted at the first two interviews. At the time of the third interview, three women believed that the pattern had changed.

TABLE 6. PATTERN OF WHO CALLS WHO SINCE PREGNANCY OR THE BIRTH OF THE BABY

	HUSBANDS			WIVES		
	TIME 1	TIME 2	TIME 3	TIME 1	TIME 2	TIME 3
YES	2	1	1	1	1	3
NO	6	8	9	8	9	7
NO RESPONSE	2	1	0	1	0	0

When asked if they had had more contact with one or more brothers and/or sisters since pregnancy or the birth of the baby, change was observed over the three time periods for the men and women. The increase was greater for the women during pregnancy than after the birth. The number of husbands (4) experiencing more contact with one or more of their siblings remained the same at the three time periods.

TABLE 7. INCREASED CONTACT WITH BROTHERS OR SISTERS SINCE PREGNANCY OR THE BIRTH OF THE BABY

	HUSBANDS			WIVES		
	TIME 1	TIME 2	TIME 3	TIME 1	TIME 2	TIME 3
YES	4	4	4	5	3	3
NO	4	6	6	5	6	7
NO RESPONSE	2	0	0	0	1	0

Only two women mentioned at the first interview that they planned on having someone come in to help them after the baby's birth. At the following interview, a total of five women actually did receive help and, of the two women who had originally planned to have help, both had the person they had planned on having, that is, their own mothers. The length of time the women received help varied depending on who the help was. W-7 received help for one week in the form of her husband's parents; W-9 received help from both her own parents and her husband's parents who came back and forth for two days; W-10 received help from her husband who took two weeks off work to be able to help out; W-5 received help from her own parents who stayed for a week and a half; W-3 lived with her parents for five weeks after delivery until their own home was ready. She had had twins and, in addition to her mother helping, her sister-in-law came in once a week to help.

In answer to the question, "Did you find it helpful to have someone come in?" all five women said "Yes." The mother of the twins reported: "Yes - with twins it took me time to adjust especially it being my first pregnancy." Her husband was quoted as saying: "With twins, any help is grateful." W-9 said: "Yes, definitely, because I was very tired coming home from the hospital after the section. Members of both families came up at different times to help out." W-10 mentioned: "Yes, I enjoyed having my husband stay home helping me." W-5 portrayed a little hint of dissatisfaction when she said: "Yes, only a week and a half was a little too long." W-7 also seemed glad to see her help leave. She reported: "Yes, help was essential for me as I was so tired following delivery. However, it was nice to be alone when they left."

Attitudes Toward Self During Pregnancy And Parenthood

This particular section dealt with positive and negative attitudes toward self over the three time periods. To arrive at a score for the positive attitudes, a numerical value was assigned to each response. Hence, the response "strongly agree" was assigned a value of 5, "agree" was assigned a value of 4, "indifferent" was assigned a value of 3, "disagree" was assigned a value of 2, and "strongly disagree" was assigned a value of 1. According to this number system, 30 was the highest possible score one could receive and 6 was the lowest. In this study, 14 was the lowest score received by any woman and 28 was the highest. The husband's scores ranged from 14 to 24.

The six variables that were associated with positive feelings were[1]: 1) I feel my spouse and I talk more about future plans now than we did before the pregnancy/birth, 2) I feel my spouse is more understanding now than before the pregnancy/birth, 3) I feel I get more attention from my spouse now than before the pregnancy/birth, 4) I am glad we had this baby at this particular time, 5) I feel good about my/my wife's present appearance, 6) I feel more relaxed now than I did before the pregnancy/birth.

Two items were dropped from the original questionnaire for the data analysis. They were: 1) I feel people have more respect for us now than they did before the pregnancy/birth, and 2) if I have negative feelings about pregnancy/parenthood, I can

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[1]The exact wording of the questions at the three time intervals can be found in the Appendix.

easily tell someone about them. The reason for deleting the first question was that it was biased to begin with, and the second question was contaminated due to the fact that it measured two variables instead of one.

A close look at Graph 5 demonstrates that fewer positive feelings were experienced by women at the time of the birth than either during pregnancy or three months later. Seven women reported fewer positive feelings at the time of the birth and three women (W-2, 6 and 7) reported the same amount of positive feelings from time 1 to time 3. The reverse was found for the husbands. Eight husbands reported an increase in positive scores at the time of the birth, while two husbands (H-3 and H-9) reported a decrease in positive feelings.

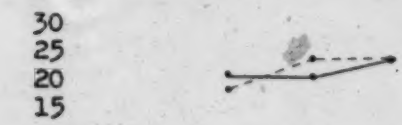
Three months after the birth, most of the women returned or at least got closer to their original scores. That is, there was still considerable change in their self-perceptions. The scores of eight wives either remained the same or rose. Only two women (W-3 and W-7) recorded lower positive scores three months later and it was a very small decrease of two points each. This seems to indicate that, although the women had fewer positive feelings about themselves at the time of the birth, most of these feelings had been resolved or accepted three months later.

By the time the baby was three months old, four of the men reported a decrease in their positive scores (H-1; H-6; H-7; H-10) while the other six reported an increase (H-3; H-4; H-5; H-9) or stayed the same (H-2; H-10). The graph also indicates that at the third interview four women and four men reported higher positive scores than they had had at any other time during the whole study.

GRAPH 5. POSITIVE SCORES

Couple # 1

Couple # 2



Couple # 3

Couple # 4

Couple # 5

Couple # 6

Couple # 7

Couple # 8

Couple # 9

Couple # 10

* Husband's Scores _ _ _ _ Wife's scores _____

Husband's Mean: Time 1 (18.4); Time 2 (20.5); Time 3 (20.8)
Wife's Mean: Time 1 (20.6); Time 2 (18.8); Time 3 (20.6)
Husband's Range: Time 1 (14-22); Time 2 (16-23); Time 3 (15-24)
Wife's Range: Time 1 (14-26); Time 2 (16-24); Time 3 (16-28)

In general, the new fathers experienced a slight increase in positive feelings over the three time periods, whereas the new mothers recorded a drop in positive feelings at the time of the birth only to experience approximately the same number of positive feelings at time 3.

The score for the negative attitudes was arrived at in the same manner as the positive score, that is, a numerical value of 1 to 5 was assigned to each response. The highest possible score was 30 and the lowest was 6. The lower the score, the fewer negative feelings the person had at that time. In this study, the husbands' scores ranged from 7 to 20 and the wives' scores ranged from 8 to 26.

Six variables were associated with negative feelings[1]: 1) I feel my/my wife's appearance was more attractive before pregnancy/birth than it is now, 2) I feel I am/my wife is more tired now than before pregnancy/birth, 3) I feel I am/my wife is more nervous now than before pregnancy/birth, 4) I have more periods of depression now than before pregnancy/birth, 5) I feel unsatisfied with the sexual relations between my spouse and I, 6) I am unsatisfied with the way daily household tasks are being carried out. For the men, the first three questions were about how they felt about their wives' appearance, tiredness and nervousness. The latter three questions dealt with how they felt about themselves.

Examination of Graph 6 reveals that for six wives (W-1; W-3; W-5; W-6; W-7 and W-9) as well as for all the husbands, fewer negative feelings were felt at the time of the birth. This seems to demonstrate considerable change. Only W-7 reported a slight increase in negative feelings when the baby was three months old, yet the increase was still less than the number of negative feelings she had

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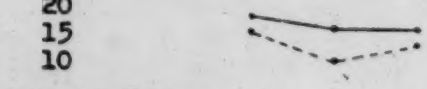
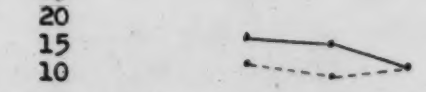
[1]The exact wording of the questions at the three time intervals can be found in the Appendix.

GRAPH 6. NEGATIVE SCORES

Couple # 1

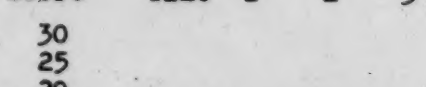


Couple # 6

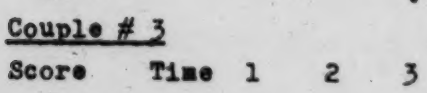


Couple # 2

Couple # 7



Couple # 3



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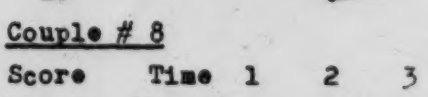
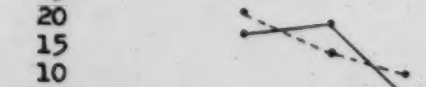
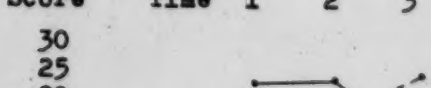


Couple # 4

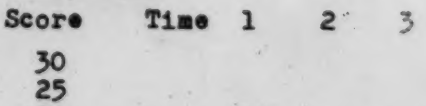
Couple # 9



Couple # 5



Couple # 10



* Husband's Scores _ _ _ Wife's Scores _____

Husband's Mean: Time 1 (16.2); Time 2 (12.4); Time 3 (12.4)
Wife's Mean: Time 1 (18.9); Time 2 (17.2); Time 3 (11.6)
Husband's Range: Time 1 (13-20); Time 2 (7-16); Time 3 (8-21)
Wife's Range: Time 1 (16-26); Time 2 (10-22); Time 3 (8-15)

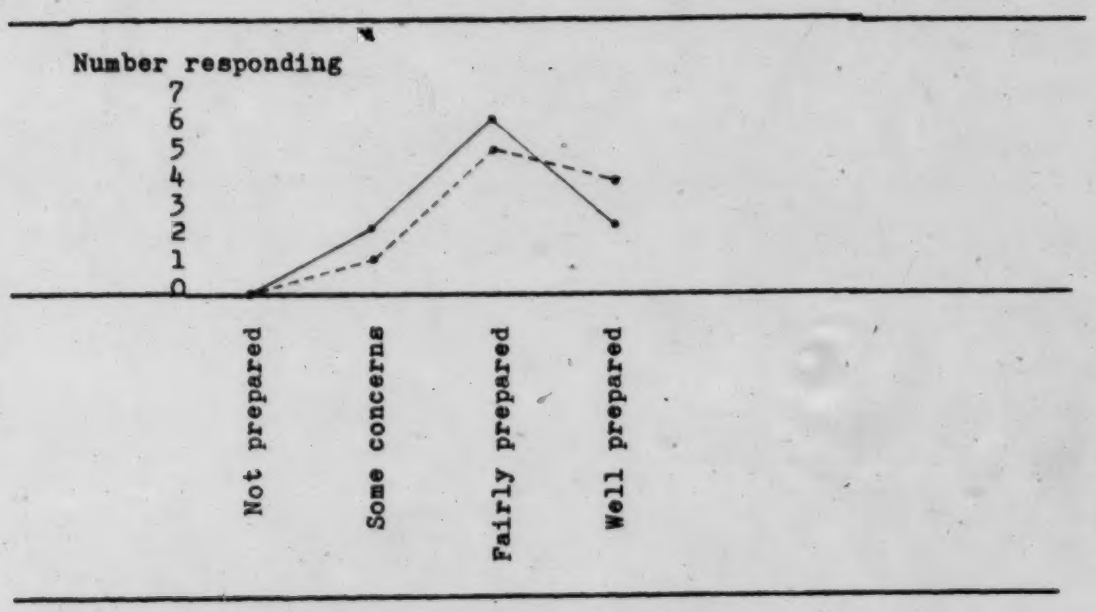
experienced during pregnancy. Two fathers (H-2 and H-7) reported the same amount of negative feelings at time 3 as at time 2, and four reported fewer. Interestingly, though, four men (H-3; H-4; H-5 and H-6) reported a rise in negative feelings when the baby was three months old. This is interesting because there were also fewer men (4) as compared to eight women who reported an increase in positive feelings from time 2 to time 3. Therefore, the men reported both fewer positive feelings and more negative feelings than the women at the time of the third interview.

Two women experienced the same amount of negative feelings at the time of the birth as when they were prégnant (W-2 and W-4). Only one woman reported a slight rise (W-8) in negative feelings at the time of the birth. She had had a caesarian section after participating in a Lamaze childbirth class where her expectations had been built up for a normal delivery. This may account for the slight rise in negative feelings immediately after the birth since it usually takes longer to recuperate from major surgery than from a vaginal delivery.

Preparation For Parenthood

The couples were asked in the first interview how prepared they felt they were for parenthood. Graph 7 indicates that four husbands and two wives felt well prepared for parenthood, six wives and five husbands felt fairly well prepared and two wives and one husband felt they had some concerns about being ready for parenthood. No one felt totally unprepared. Unfortunately, this question was not repeated at times 2 and 3. It would have been interesting to see if any change occurred over time.

GRAPH 7. PREPARATION FOR PARENTHOOD



Husbands' Score - - - - - Wives' Score _____

The couples were asked to rank order the sources of information they received in preparation for parenthood. Their first choice was prenatal clinics and professionals; second choice was mothers, relatives, neighbors, and third choice was media: television, radio, books, magazines and articles. They were also asked to rank order the types of information they received in preparation for parenthood. Their greatest concern was information on the labor and birth processes, second in line was labor and birth processes along with health care, inoculations, diarrhea, colic and, lastly, discipline and behavior as well as changes in economic patterns.

Although prenatal clinics and professionals were mentioned as the first choice as a source of information to be received, in actuality prenatal clinics and professionals were listed as the sixth and seventh most frequently mentioned sources. Mentioned

most frequently were: 1) mothers, relatives, or neighbors, 2) media: television, radio, books, magazine articles, 3) courses, that is, university or community sponsored, 4) their own experience, 5) no information or do not know, 6) prenatal clinics, 7) professionals. Perhaps people feel that they should receive information from prenatal clinics and doctors because it is seen as the medical profession's area of specialty, yet couples still rely on their mothers, relatives and neighbors first and foremost.

At the time of the second interview, the respondents were asked if the information received at the prenatal classes was adequate. Nine people said, "Yes, it was adequate, but with gaps in the information," and eight people said "No." The remainder (three people) did not attend prenatal classes hence the question was not applicable to them. When asked if the lack of information caused them any problems, nine said "Yes" and ten said "No". This last question was repeated at the third interview and this time only six people agreed that the lack of information caused them problems. Thirteen people said they were not affected by the lack of information. It is possible that by the time three months had rolled along, most of the initial problems had been solved, therefore there were fewer or possibly different problems at stake.

When asked whether the couples would seek further information after the interviews, all without exception said "Yes". The type of information they would seek concerned itself with baby care, feeding and immunization. The source of information mentioned all of the time was the doctor, and secondly was mother and friends who had children. Women were more apt to call the doctor and their mothers if the baby developed something. The men, on the other

hand, usually stated that they would seek information only if a problem came up that they could not handle. Even then they could not state the type of information they thought they probably would be needing in the future although they did mention that the doctor was probably the person they would contact.

One revealing fact was that most people mentioned that the information they did receive about child care was very confusing. Books stated one thing, their doctor another, their mother and friends still another. However, regardless of the confusion, all felt very much reassured by the doctor's comments. The public health nurse was also mentioned as a good source of information after the baby was home.

Expectations And Adjustment To The Baby

In this section open-ended questions were asked concerning what each expected their baby to be like in terms of activity and sleeping patterns, who the baby would look like, sex preference, and health. In general husbands and wives had similar expectations about the baby at the first interview. Most of the people mentioned that they had not thought very seriously about such things. The wives seemed to be much more definite and clear about their expectations while the husbands joked around and were rather embarrassed and uncertain about their expectations. Tongue-in-cheek comments like "crooked eyes", "lots of teeth", "well behaved by virtue of the parents" were made by the husbands. The wives most often mentioned that if the baby were a boy, they expected him to look like their husbands. Four couples who had a retarded relative in their families were concerned about retardation in

their child. They seemed worried about this aspect. In fact, one husband made the comment: "If the kid is retarded it automatically goes to a home."

Six of the husbands were present during their wives' labor and delivery. Three were not present at the actual birth because their wives had caesarian sections; however, they had been with their wives up until that time. One husband did not want to be present at his wife's vaginal delivery. All husbands were with their wives during part of the labor and delivery. Six of the husbands felt nervous and helpless. Of the six, four had not attended any prenatal classes. Those that did attend prenatal classes felt much more relaxed and prepared for the events that occurred during labor and delivery whether vaginally or by caesarian section. Those wives who had not attended prenatal classes seemed to be more uptight during labor than those who had attended some form of prenatal classes. Generally speaking, prenatal preparation helped the couples for the events of labor and birth. Two of the women who had not attended prenatal classes stated that during labor "I wished I could have died", but both regretted saying it afterwards. Those women who did attend prenatal classes never expressed such strong sentiments, except that at times they wished their labor would be over with. The researcher was not able to determine if this event had any significant effect on the wives' adjustment to their babies or not.

The one significant discrepancy between husbands' and wives' responses regarding adjustment to the baby occurred when asked: "Does the baby have any feeding problems?" Only one husband

at one time (third interview) stated that the baby had a feeding problem: "The baby is sometimes fussy when he eats." Nine wives admitted at the second interview that their baby had a feeding problem and three mentioned it again at the third interview. No husbands admitted that the baby had other difficulties, while all the wives saw some difficulties that caused them some concern. These difficulties were: rashes, getting up at night, constipation, fissure, infections and a foot problem. Anxieties were relieved once they saw their doctors who either reassured them or prescribed something for the baby. One husband explained this phenomenon by saying: "The baby does get fussy once in a while, but I think it is harder for my wife than it is for me." The above reports do seem to indicate that new mothers seem to be more aware of minor problems and worry much more about their new baby than their husbands do. The husbands seem to leave the child-care duties to their wives.

All couples (husbands and wives) mentioned that one of the biggest adjustments they had to make was that they did not go out as often as they used to. They felt they were so tired that they did not feel like going out or they did not want to bother about getting a babysitter. Two couples mentioned that this did not bother them too much, but eight said that they should make a greater effort to do so.

When asked about their greatest concern at both the second and third interview, all mentioned that the health of the baby was a concern. Four husbands mentioned that the mother's health was of concern to them. One couple (C-1) stated that not being able to go out as often as they used to was a concern for them. Five wives who either intended on working or were already

working mentioned that babysitting was a concern for them.

Table 8 summarizes the women's intentions regarding work. The reasons given for wanting to work varied from: needed the money, wanted to continue a career, enjoyed working, and wanted to work. No one reason predominated. All wives who did not work stated that their staying home was best for the baby. All husbands agreed and one of them stated that "from a survey of my neighborhood, those children who are the most troublesome have working mothers". He then hastened to add: "So my wife is going to stay home and look after the babies." (He was the father of the twins.) This comment was the only one that made any reference to child socialization. No other person in the sample seemed concerned at that point about child socialization. Child care seemed to be the predominant concern.

TABLE 8. WORKING PLANS OF WOMEN AFTER BIRTH

	WOMEN		
	TIME 1	TIME 2	TIME 3
YES	7	6	4
NO	2	3	6
NOT IMMEDIATELY	1	1	0

Although at time 1 seven women intended to go back to work, at time 2 only six intended to go back to work, at time 3 only four were actually working. The birth of the baby seemed to influence their decision to return to work or not. One woman desperately wanted to work to support the family because her husband became a student between the time of the first interview and the time of the second, but she was unable to find work. The remaining two

women changed their minds once their babies were born.

This chapter has reported the adjustment patterns of ten couples during the prenatal and early parenthood period. In general, the trends noted for each of the variables, although not clear cut, represented the following pattern:

Role Allocation: The new fathers tended to pitch in and help out with the household duties in the period immediately after the birth while the new mothers attended more to the child care duties. Three months later the mothers appeared to be assuming the household duties once again.

Marital Adjustment: The birth of the baby appeared to have a more negative effect on the mens' marital adjustment than on the womens'.

Marital Happiness: Not one couple at any of the three time intervals reported being unhappy with their present state of marriage.

Kinship Interaction: The new parents increased contact with their siblings over the three time periods and found support from their respective families.

Attitudes Toward Self During Pregnancy and Parenthood: Generally speaking, the couples in this study experienced more positive feelings toward parenthood than negative ones. In fact, only one person out of twenty reported more negative feelings than positive ones.

Preparation for Parenthood: All couples felt they had some preparation for parenthood. In general, couples were more prepared for labor and delivery than they were for the immediate task of child care.

Expectations and Adjustment to the Baby: Couples' expectations were not always in line with what they actually experienced once

the baby was born. Most couples found the adjustment to be more difficult than they had anticipated yet reported being happy to make the adjustment. This difficulty in adjusting was accepted as a normal role change in their lives.

The following case study will give some support for the findings reported in this chapter. This particular couple was randomly selected by putting ten numbers in a hat and picking one out. Ted and Alice MacLean tend to follow the adjustment trends of the total sample. When they differ from the trend, special mention is made of it in the case study discussion. Presenting a case study in this way gives an idea of how the dynamic unfolding of the adjustment takes place in a particular couple under unique circumstances.

Case Study: Couple #5 - Ted and Alice MacLean

Demographic Information

Alice MacLean was born in Nova Scotia, 26 years ago. She has been married for four years. Alice has two undergraduate degrees and is currently unemployed. She is trained as a teacher and worked in this field for two years. Last year she accompanied her husband to Tennessee where he obtained a graduate degree, but she was unable to work during that time. Upon their return to Nova Scotia, she let her name stand for substitute teaching. Alice was not called to teach very often. Alice plans to return to teaching a few years after the baby is born.

Ted MacLean, Alice's husband, was also born in Nova Scotia 26 years ago. He has a graduate degree in counselling and has worked as a high school guidance counsellor for three years. He

receives a monthly salary. According to Hollingshead's two-factor index, Ted and Alice would belong to class II on a socio-economic scale with class I as the highest. At the time of the first interview the MacLean's had been living in Cape Breton for ten months.

Role Allocation

Both Ted and Alice's perception of doing things together as a couple increased at the time of the birth of their baby, and again three months later for Ted. A slight decrease by one number was recorded by Alice three months later. Alice consistently perceived things to be done by both she and Ted. Both Ted and Alice perceived Ted to be doing more things than Alice does. The unique aspect in comparison to the rest of the sample in terms of who they think should do certain things is that Alice thinks the only thing she should do at the second interview is feed the baby. Since she is breastfeeding, this is understandable. The only item in the first and second interview that she feels the husband should take care of is getting the car repaired. At the time of the third interview, Alice believes that feeding the baby and getting the car repaired should be carried out jointly by both husband and wife. She could say that about feeding because she knew at that time that she would have to wean the baby. At the third interview Alice, unlike any other woman in the sample, felt that all things should be carried out jointly by husband and wife.

In terms of who actually relates to the baby, both the MacLeans think this is the domain of either the wife or both partners, but never the sole responsibility of the husband. They both agree on two items as being the sole responsibility of the wife: 1) feeding the baby, and 2) buying the baby's clothes. The

above reports seem to indicate that Ted and Alice enjoy doing things together. Alice does have a greater responsibility in child care duties than she would like to have. Nevertheless, when Alice is unable to perform her duties due to illness, Ted does not hesitate to pitch in and help her out.

Marital Adjustment

Ted's marital adjustment score in Graph 1 changes from 128 at Time 1 to 114 at Time 2 and finally rests at 122 at Time 3. The birth of the baby caused quite a drop in terms of his marital adjustment. The opposite occurred to Alice. She experienced an increase from a score of 117 three months before the birth to a score of 124 at the birth and then went down to a score of 119 three months later. The items that seemed to have caused this change in marital adjustment for Ted are: 1) matters of recreation, 2) friends, 3) intimate relations, 4) the amount of time that should be spent together, 5) conventionality, 6) aims and goals in life. These items were the only ones that changed from one time to another for Ted. All the above mentioned items had to do with extent of agreement or disagreement with one's spouse. Ted marked more items with "almost always agree" and "occasionally disagree" on the second and third interviews than he did on the first interview. However, Ted's degree of marital happiness did not fluctuate at all. He stayed the same from time 1 to time 3.

The only items which appeared to cause a change in Alice's marital adjustment are: 1) mate's attempt to control her spending money, 2) her feelings on sex relations with her mate, 3) demonstration of affection, and 4) the amount of time that should be spent together. In terms of marital happiness (Graph 2) Alice checked "perfectly happy"

which gave her a score of 18 on the first two interviews, then she checked a point down from "perfectly happy" giving her a score of 13 on the third interview. The fact that when Alice's baby is three months old Alice's marital adjustment and marital happiness are both lower than at the time of the birth seems to indicate a change in her feelings toward the marital relationship. Her increase in child care activities may mean that she has to spend less time at working to maintain the marital adjustment she previously had. This is noticed in the area of sexual relations where she admits that she is unsatisfied with her sexual relationship with Ted due to the amount of time spent caring for the baby.

Kinship Interaction

Ted and Alice's parents are still living. Ted and Alice have never lived in the same community as their parents. At the present time their parents live approximately 400 miles away. Ted and Alice have seen their parents several times a year and have engaged in many types of activities with them. Some of the activities include: 1) vacation visits, 2) picnics, 3) commercial recreation, 4) outdoor recreation, 5) shopping, 6) attending the same church, 7) happy occasions such as birthdays and Christmas. Ted also attended a large family reunion within the past two years.

Neither Ted nor Alice noted a change in the pattern of seeing their parents, writing letters to their parents or phoning their parents once Alice became pregnant. Both MacLeans felt they saw their respective parents often enough at the time of the first interview. Ted and Alice both write letters and phone their parents several times a year. Both of the MacLeans' parents phone as often as Ted and Alice do. Alice is the oldest of two

brothers and two sisters, whereas Ted is the youngest of one brother and one sister. Ted has two nephews and nieces while Alice has only been an aunt once. The MacLeans planned on having Alice's mother and father come in to help them immediately after the birth of their baby. Her parents did come for one and one-half weeks. Both Ted and Alice found it helpful to have someone come in to help, although Alice mentioned that "a week and a half was a little too long". At the time of the second interview, the MacLeans both mentioned that their parents telephoned them a little more often than they telephoned them, even though they did not think the pattern had changed since the previous interview. At the third interview, Ted thought that more telephone calls were being made than previously, although both MacLeans felt that the events of pregnancy and birth had not really made any significant changes in their behavior towards their parents nor in their parents' behavior towards them.

Attitudes Toward Self During Pregnancy and Parenthood

This particular section dealt with positive and negative feelings about self during pregnancy and parenthood. Alice's positive score steadily increases from time 1 to time 3 going from 14 at time 1, to 17 at time 2, to 20 at time 3. Alice seems ambivalent about some of her feelings during pregnancy which she shows by marking "indifferent" beside four of the six positive items. Although Alice was indifferent during pregnancy as to whether she and Ted talked more about future plans, she strongly disagreed with the statement just after the baby was born. Three months later she was indifferent towards that item again. Alice was also indifferent as to whether Ted was more understanding while she was pregnant, but then disagreed with both statements

at the next two interviews. Alice disagreed with the statement that she felt she received more attention from Ted in the last two interviews, yet she was ambivalent at the first interview. Alice felt good about her appearance in the last two interviews, but was indifferent about it during pregnancy. Although Alice did not plan to have the baby at that particular time, she strongly agreed during the next two interviews that she was glad she had the baby when she did. In terms of feeling more relaxed now, Alice disagreed to the statement during pregnancy, was indifferent to it just after the birth and agreed to it three months later.

Alice reported having more negative feelings during pregnancy, as shown in Graph 6, than she did immediately after the birth or three months later. She felt less attractive and more nervous during pregnancy and just after the birth than she did three months later. Alice admitted having periods of depression only during pregnancy, although she remained indifferent on the next two interviews. Sexual relations were satisfactory in Alice's view only three months after the birth, whereas she stated she was unsatisfied at the time of the birth and indifferent during pregnancy. The only time Alice was satisfied with the way daily household tasks were carried out was immediately after the birth, and that was when her mother and father were visiting and helping out.

Alice seems to be adjusting well in terms of how she felt about herself when the baby was three months old. At that time she recorded the most positive items and the least negative items. Pregnancy seemed to be a more difficult time for Alice than the immediate adjustment after the actual birth.

Over the three time periods Ted did not change his opinion on two positive items, that is, he disagreed to: 1) talking more about future plans and 2) getting more attention from his wife now. The only positive items on which Ted expressed any change were: 1) Ted felt indifferent during pregnancy about Alice being more understanding, but he disagreed with the statement on the next two interviews. 2) Although their baby had not been planned at that time, Ted shared the same feelings as Alice, that is, he strongly agreed on the next two interviews that he was glad they had the baby when they did. 3) Ted felt the same as Alice about Alice's appearance, that is, he was indifferent about it during pregnancy, but felt good about it once the baby was born. 4) Ted felt more relaxed during pregnancy and immediately after the baby's birth than he did three months later when he checked that he was "indifferent".

In all, one could say that Ted experienced a slow and continual rise in positive feelings from time 1 to time 3. His scores were 14, 16 and 17 respectively. In terms of negative scores, Ted's amount of change was insignificant. His negative scores were 14, 13 and 14 respectively. When the baby was three months old, Ted had as many negative attitudes as he had had during Alice's pregnancy, but he experienced a slight increase in positive attitudes.

Preparation for Parenthood

When asked how prepared they felt they were for parenthood both MacLeans checked off "fairly well prepared". Alice's choice of three important sources of information about parenthood were: 1) professionals, 2) prenatal clinics, and 3) media. Ted chose

two of the same sources as Alice: 1) prenatal clinics, 2) courses, and 3) media. The three types of information Alice found to be most useful were: 1) labor and birth processes, 2) health care of baby, and 3) feeding of baby. Again, Ted only differed on one choice: 1) illnesses, 2) health care, and 3) labor and birth processes. Although Alice marked professionals to be her number one source of information, she marked professionals only half as many times as she marked media. Ted also showed a discrepancy when rank-ordering his preferences for source of information. Prenatal clinics was his first choice yet he only checked it off three times, whereas his third choice, media, was checked off five times by him, which was as often as he had checked off "his own experience". Both Ted and Alice seemed to follow the pattern of the others in the sample by preferring to get their information from professionals and prenatal clinics yet mentioning them as their actual sources infrequently.

While Ted was studying in the U. S. A., Alice had been told by a doctor, upon examination, that she had a retroverted uterus and would not be able to get pregnant unless she had surgery. Consequently, she quit taking the pill. When the MacLeans found out that Alice was pregnant, they were not upset. Alice mentioned in her interview three sources of information of family planning: 1) prenatal clinics, 2) professionals, and 3) media, whereas Ted said he had no information or did not know yet where he would go to receive information on family planning.

When asked what areas they received good information on, both MacLeans mentioned information on breathing techniques and on labor and delivery which they had received from Lamaze prenatal

classes. Ted also added that he had received good information on breastfeeding from books he had read. Alice felt she had received incomplete or poor information on breastfeeding from her doctor and some of the nurses. She would have liked to talk to someone who knew something about breastfeeding when she experienced a slight cracked nipple. Alice also felt there were gaps in the information that she did receive on breastfeeding and wished that the La Leche League had a chapter in Sydney to help out in those respects. Ted felt the public health classes on preparation for labor were poorly done and that they dispensed incomplete information.

After the second interview Ted did not feel he would seek out additional information concerning child care, whereas Alice said she would continue to contact her doctor and public health nurse for information. Alice also mentioned interest in taking a child development course if one were offered in the area. Both MacLeans felt the hospital instructions given by the doctor and nurses were adequate except in the area of breastfeeding, of which Alice took particular note. In spite of the gaps in the information they received, both Ted and Alice seem to have coped very well with the difficulties encountered in those early weeks after the birth of their first child.

Expectations and Adjustment to the Baby

Ted MacLean expected to have a seven pound, blue-eyed baby boy with reddish-brown hair. He hoped the baby would have a dark complexion because "fair babies have more trouble". Ted expected the baby's activity pattern to be erratic for the first three to four weeks, at which time he thought it would settle down. Since his wife, Alice, had had no complications, Ted expected everything

to be okay.

Although Alice had no sex preference, she felt the baby would be a boy with blue eyes and dark hair. She felt the baby would be cute and hoped he would be free of mental and physical defects. Alice also mentioned that she would find it "terribly hard to accept if the baby were deformed or mentally deficient in any way". She thought she would find it hard to adjust if the baby were not normal. Alice expected the baby to weigh about seven and one-half pounds. She hoped the baby would have a pleasant disposition, a nice personality, and would not be too fussy. Alice planned to breastfeed the baby at the beginning because she felt it would be good for the baby and that she would enjoy the experience as well.

Ted and Alice had an eight pound, six ounce baby boy on their expected due date. Alice's labor was eight and one-half hours long and she had good feelings about it. Alice noted that her labor was much like she had anticipated. Both MacLeans had attended public health prenatal classes and Lamaze childbirth education classes prior to their delivery. Both Ted and Alice mentioned that they found the Lamaze childbirth education classes more helpful to them than the public health classes. The Lamaze classes stress husband participation during labor and delivery. Alice thought she would have lost control if Ted had not been with her. The only time she felt a bit nervous was when the doctor had to use forceps when the fetal heart rate dropped and the baby was discovered to be in a posterior position. Ted expressed satisfaction with Alice's labor but also had some concerns when the doctor used forceps at the end of the delivery. Ted never left

Alice's side during the whole labor and delivery. In fact, at one stage he wanted to leave to use the washroom when a nurse said: "I don't think you should leave Alice. She may lose control if you leave. She is more used to your commands than she is to us."

The MacLeans had "rooming-in" with their baby which they both found to be enjoyable. Ted mentioned that he had more contact with the baby that way. The only complication Alice experienced was the forceps delivery. Regarding difficulties with the baby, Ted only mentioned that the baby had a bit of mucus at first. Alice mentioned the mucus along with a slight ear and throat infection which the baby had at two weeks. In addition, Alice mentioned that the baby had been colicky since he was home from the hospital. Alice thought they had coped well with the situation by phoning and seeing the doctor who prescribed medicine for the infection and colic. However, the colic continued to persist at times.

Alice was fully breastfeeding her baby at the time of the second interview. However, one night she had a gall-bladder attack and became very ill. Ted, at that time, sterilized bottles and fed the baby Similac for two feedings while Alice was unable to breast-feed.

Both Ted and Alice mentioned that their baby was alert when he was awake during the day. He appeared to be looking at things. When he slept on his stomach the baby was able to turn his head from side to side. At the second interview, the baby was sleeping three to four hours between feedings and remained awake two to three hours at a time during the day. At the second interview, both MacLeans mentioned a drop in social activities. Ted felt the baby

was too young to leave with a sitter and Alice feared it may be difficult to find a good babysitter. Alice found that Ted helped around the house more than he did during her pregnancy.

Neither Ted nor Alice experienced any particular difficulty with the baby at the time of the third interview. Alice was still fully breastfeeding the baby, although she had had another gall-bladder attack at which time Ted helped out tremendously and again bottlefed the baby. The doctor had scheduled Alice for surgery, so at the time of the last interview, Alice mentioned that she would try to have the baby weaned by the time she entered the hospital.

Both MacLeans felt their baby's activity pattern had changed by the third interview. At that time they mentioned the baby was more playful, stayed awake longer and was more aware of his surroundings. The baby would hold a rattle if it was presented to him, and occasionally he would laugh out loud. Both Ted and Alice mentioned that they were pleased and happy about the baby's activity patterns and seemed very well adjusted to the baby.

At the time of the third interview Alice had not changed her mind with regards to going back to work. She still felt she may go back teaching once the baby started school, but not immediately. This decision was mutually agreed upon by both Ted and Alice. Ted continued to go out with the "boys" as he had before at both the second and third interviews. Both MacLeans felt that their social activities were increasing and they were now seriously beginning to look for a good babysitter. Alice felt she was doing more of the household duties now. Ted felt they did not feel bound to stay home more because of the baby. When asked at the third interview

what had caused them the most concern since the baby's birth, Alice mentioned that possibly sexual relations had been her major concern. She felt that maybe she had been too preoccupied with the baby to devote much time to the sexual aspect of her relationship with Ted. Ted felt Alice's health had caused him the most concern. In either case, the baby had not been the main source of concern. However, this represents a change in their perception of things because at the second interview, both mentioned the fact that the baby being colicky had been their greatest concern since the birth. They dealt with the baby's colic by seeing the doctor and by trying to relax more with the baby and by trying to make the baby more comfortable.

Alice, when speaking to the interviewer after the third interview, mentioned that "parenthood is a pleasant, enjoyable experience. I didn't expect to enjoy being a parent as much as I have." Ted mentioned surprise at his ability to adjust automatically and more gradually than he had expected. He said he hardly noticed the changes that occurred in his life and did not mind them. Although they don't go out as fequently as before, Ted said he felt being a parent was less critical than he had expected. He felt that he had re-adjusted to where he had been prior to the birth of the baby and that he had found the adjustment to be a pleasant experience. In no way did he regret having the baby when they did.

CHAPTER VI

DISCUSSION OF RESULTS

The researcher undertook to study the transition to parenthood by using a panel longitudinal study to eliminate two major criticisms of previous studies. One such criticism was that previous studies had seen the transition through a snapshot view of what is a process. Adjustment or role change to parenthood does not occur in one moment; it begins long before the birth of the baby. How soon prior to the event no one has yet been able to determine. Perhaps this process begins at birth with the sex role socialization of young children. The more immediate preparation would probably begin either at the time of marriage or by the time the couple discovers they are pregnant. This study, therefore, merely begins to look at the latter part of this preparation, that is, three months prior to the confinement date. This study then follows the couple through the process to the early beginnings of parenthood (three months after the birth).

A further criticism of past studies is that comparison is difficult because the sample ages of the children varied greatly. In this study, all children were of exactly the same age, going through exactly the same chronological development. Because of this difference, comparison with other studies is

difficult. One of the main difficulties is the whole concept of "transition to parenthood". This study looked at the immediate event, that is, 0 to 3 months, while most other studies looked at the beginnings of parenthood retrospectively.

Studies which included babies from the age of one to six years (LeMasters, 1957; Dyer, 1963; Beauchamp, 1968) all reported higher crisis scores than studies which included babies under one year of age (Hobbs, 1965, 1968; Russell, 1974), yet the latter two researchers found no relationship between age of baby and amount of crisis. Since the age of the babies was held constant in this study and the parents seemed to be adjusting well, it is difficult to explain the differences. Perhaps the reasons for the easy adjustment and few problems could be explained by Meyerowitz's research (1969) which reported that many problems adjusting to the baby developed in the fifth and sixth months as opposed to during pregnancy or at five weeks of age. It is possible that had this study been extended over three more months, more difficulties would have emerged. However, it is also possible that parents perceive the difficulties to be greater after the event has passed than while they are actually going through the difficult phase. Contrary to Meyerowitz, Feldman (1965) reported more problems adjusting to the baby after four to six weeks even though the parents' initial reaction to their new role had been positive. This did not hold true in this study. Following is a more detailed discussion of the results of this study.

Demographic Information

The couples in the sample utilized for this study were relatively similar in age, educational achievement, social class and length of marriage. Only one demographic variable appeared to have an important influence on the couples' adjustment to parenthood: the number of children born to them. The present sample was composed of many social classes (class IV to class I): The small size of the sample makes it difficult to draw conclusions regarding social class since the majority of the couples (five of them) belonged to class II and three couples belonged to class III. LeMasters, Dyer, and Beauchamp, having drawn from an exclusively middle-class sample, all reported higher crisis scores than Hobbs and Russell who used a more representative sample. The latter researchers did not find social class to be positively related to stress during the transition to parenthood. Russell, however, states that middle class respondents in her sample experienced fewer gratifications from the initial experience of first-parenthood than lower-class parents. The present study indicated no apparent difference in adjustment between any of the classes.

Russell (1974) excluded the data on the twins in her sample. The researcher of the present study felt it necessary to include the data on the twins born to couple 3 because there seemed to be little difference between the adjustments reported by this couple in comparison to the other nine couples. Examination of the results seems to indicate that the only area where some difference was observed between parents with a single birth and the parents of the twins was in the section on the role-

behavior pattern of the parents. Graph 13 indicates that both H-3 and W-3 did more things together at the time of the birth, yet three months later they perceived themselves doing less things together than each did separately. Even at the time of the first interview the husband thought they, as a couple, did few things together. Perhaps their role-segregation was less attributable to the fact that they had twins than to the fact that they demonstrated more traditional role-enactment. Doing few things together as a couple did not seem to affect this couple's marital adjustment nor their positive or negative scores. Neither did their traditional role-orientation seem to affect their attitudes during pregnancy and after the birth. Other studies should be undertaken to observe the adjustments made by parents of twins and other multiple births to compare their adjustments with that of parents of single births.

Dyer (1963) noted that couples who had been married for three or more years had less difficulty adjusting to the baby. Similarly, Russell (1974) found that the longer the wife was married the less crisis she experienced. The present study found no noteworthy difference in the adjustment patterns between couples married one year or four years. Perhaps this is partly attributable to the fact that there were no pre-maritally conceived pregnancies in this study, hence every couple had at least one year of marriage to adjust to each other before the first baby made its appearance on the scene. A further explanation may be that the difference between one and four years may not be sufficient to show a noticeable difficulty in adjusting to parenthood.

The ages of the couples varied from twenty-one to thirty-one years of age for the men and from twenty-one and thirty years

of age for the women, with the mean being 26.4 for the men and 25.1 for the women. Once again, age of the individuals did not seem to make any apparent difference in the adjustment patterns of the couples. Russell (1974) on the other hand found that women under twenty-three reported more gratifications the longer they had been married, and women over twenty-three reported less gratifications the longer they had been married. In this study, of the three women who were under twenty-three, W-1 had been married two years, W-4 had been married one year and W-6 had been married two years. W-4 reported higher positive scores than either of the other two women. This tends to be contrary to Russell's findings. Perhaps the sample size is just too small to draw such definite conclusions from it. Since there were only three women in this sample who were under twenty-three, it is difficult to compare them with Russell's large sample.

The present sample included one couple where both spouses had been previously married. There had been no conceptions or children born in either of the first marriages. The only area that seemed unaffected by the birth of the baby was that of marital happiness. Both partners in that particular marriage checked "perfectly happy" at each of the three time periods. Perhaps their marital happiness was influenced by the fact that both had previously suffered the loss of their partner. Now that both partners seemed to be in good health and that the pregnancy was not threatened in any way, they felt they were totally happy.

Role Allocation

One of the role changes that Rossi (1968) expected to cause particular difficulty for new parents was the absolute need of the newborn for its mother, which has to be assumed immediately. When this occurs there is usually a change in the role-performance of the mother. This was confirmed in this study. The husbands in this sample shared more household tasks with their wives immediately after the birth of the baby. The only areas where the husbands shared less were in the areas of child care: feeding the baby and buying the baby's clothes. They seemed willing to share more of the traditional roles such as doing the dishes, the laundry, the vacuuming, and making meals. Husbands were probably more willing to take on these roles because they felt more competent in that area than in the domain of child care. This is further confirmed by many husbands marking "don't know" by many of the child care items in the preparation for parenthood section. Because of their feelings of incompetency in the child care role, the husbands were willing to leave the new role to their wives and take up the slack in the other, more familiar, areas of household tasks. However, three months later, once the wife became more competent in the child care role and the novelty had worn off a bit, the husband slowly began to withdraw his involvement in the household roles he had taken on at the time of the birth. This may be explained by Nye (1976) who sees role competence as an important component of role enactment. He defines role competence as "how well a role is performed" (Nye, 1976:21), and feels "it can be used to predict and explain role-sharing with the person more competent in the role to perform it" (Nye, 1976:22).

Similar findings to that of the present study were reported by Fein (1976). Fein found that the wives usually took primary responsibility for infant care and twelve of the thirty men in his sample reported wishing at least occasionally that they could be more involved in home life activities, yet twenty-three of the thirty men reported little or no child care activities.

A further finding of Fein (1976:56) was that "couples who agreed on the ways they would share and divide basic family tasks seemed to have an easier time coping with the changes of postpartum family life than did other couples." His finding seems supported in this study in that no major disagreements between husbands and wives were found, nor did the couples seem to experience great difficulty adjusting to their new roles.

The present study found that without exception pregnant women rated their husbands doing fewer things than their husbands rated themselves. This is contrary to Wapner's (1976) findings. Wapner reported that wives rated their husbands as more help around the house as a result of the pregnancy than the expectant fathers rated themselves. The longitudinal aspect of this study did not reveal much change at the time of the second interview. At that time, four women rated their husbands as doing more things than the husbands saw themselves doing. However, the difference is so slight it is not very significant. Still one can perhaps explain the difference by noting that the men do pitch in more and, because this is unusual, the women perceive the men to be doing more than the men actually perceive themselves to be doing. Until recently, very little research has been devoted to viewing the effect of intra-family perception on family behavior. According to Safilios-

Rothschild, it is important to observe each family member's perception of family reality "since it is each person's perceived reality that affects his behavior and the style and quality of (his) interpersonal relationships" (Safilios-Rothschild, 1970). The fact that husbands and wives do perceive their married roles differently has been further confirmed by Bernard, 1973, and Larson, 1975.

Marital Adjustment

The present study seems to indicate that the transition to parenthood affects the marital adjustment of the husbands more than the wives as indicated by Graph 1. The fact that seven men, as compared to only two women, have lower marital adjustment scores when the baby is three months old than they had during their wives' pregnancies is evidence that the birth of the baby causes some stress to the marital relationship. How much stress is unknown. This same pattern appears in the section on attitudes toward self during pregnancy and parenthood. At time 3 the husbands report both fewer positive feelings and more negative feelings than the wives. Once again this appears to indicate that becoming a parent has fewer gratifications for the men. One explanation may be that at time 2 the wives are more concerned about staying home and about the baby's health. At time 3, the baby's health is still her main concern. Being therefore more involved with the baby, the wife feels she is more needed. The husband at this time feels less needed. This was confirmed by Fein (1976:55) who reported that several men talked of feeling "needy" in the weeks after the birth. Even when the wife did request information or assurance concerning her competency in the child care role, she received this from her doctor, not her husband.

Fein (1976) found in his study that what had changed after the baby's birth was not the amount of time that husband and wife spent with each other, but the amount of attention that husband and wife gave to each other. Ryder (1973) also reported that women who had a child were more likely to mention that their husbands did not pay enough attention to them. This was not found in the present study. Only two men at the first interview and one man at each of the next two interviews occasionally disagreed with their wives on the item "demonstration of affection". All the other men at all three time intervals "almost always agreed" or "always agreed" on the item "demonstration of affection". The same was found true for the wives, that is, one woman at each time, time 1 and time 2, occasionally disagreed on the item "demonstration of affection". At time 3, three women occasionally disagreed to the same item. Perhaps this is partially due to the Scottish influence in Cape Breton where demonstration of affection is minimal at the best of times. The findings on the amount of time spent together were similar, that is, no one in the present sample was unhappy with the amount of time spent together. Yet, Fein (1976:54) found that "wives said they wished they had more time to spend alone with their husbands".

With regards to intimate relations, Wapner (1976:10) reported that "expectant fathers sometimes experience a decrease in sexual drive and activity and yet are not deeply troubled by this". His findings are confirmed in this study by the fact that only four men at the first interview and two at each of the next two interviews report dissatisfaction with sexual relations. Infrequent sexual relations did not seem to be problematic for

the wives either. Although there is no supportive data, one could theorize that most of the expectant fathers knew or were told by their wives that sexual intercourse is potentially harmful only once the membranes have ruptured. Yet it seemed by the verbal comments of the couples that many had already discontinued sexual intercourse at the time of the first interview (three months prior to the confinement date). It is possible that some expectant fathers were concerned about hurting the fetus and would not change their behavior in spite of the facts. It is also possible that some expectant fathers find it psychologically difficult to comfortably combine sexual relations and the aggressive feelings that frequently accompany the sex act with the upsurge of identification and involvement in the pregnancy. However, more extensive research with expectant couples needs to be done in order to fully explore this theory and explain this lack of concern about the changes in the sexual aspects of the marital relationship. It seems that, in general, most men are respectful of their wife's size and of her feelings on sexual relations. When filling out that particular question on the first and second interview of this study, some wives would sort of smile and say, "We're not doing it anyway", and proceed to mark "almost always agree".

Russell (1974:297) reported that couples experiencing "high levels of marital adjustment were less likely to experience a high degree of crisis". She also suggested using "controlled longitudinal data" to better determine marital satisfaction. Although the present study had a longitudinal dimension to it, it spanned a very short time (six to seven months). Hence the results of this study do not confirm Russell's findings, nor can

the researcher report on the shallow U-shaped trend of general marital satisfaction over the family life cycle found by Rollins and Cannon (1974).

Kinship Interaction

There is very little information reported in the literature about kinship interaction during the transition to parenthood. The present study attempted to look at some variables related to this topic. The finding that women noted a change in the frequency of seeing their parents in the two to four weeks after the baby's birth can possibly be explained by the new mothers wanting to "show off" their new baby and express a sort of "equality" with their own mothers for the first time. Now that they have gained similar status - the new mother is no longer just a daughter, but is a mother in her own right - the desire to share this with one's own parents is prevalent. No change in the frequency of seeing one's parents was reported by the men. The one woman who wished she could see her parents a little less frequently was the mother of the twins, whose parents lived in the same city as she and her husband. A further difficulty presented itself at the time of the second interview, that is, W-3 and her husband were in the process of building a house, and it was not quite ready for them to move into when the wife was discharged from the hospital. Consequently, C-3 lived with the wife's parents and her brothers and sisters for approximately five weeks following the birth of the twins. This situation appeared to be bothersome to the wife but not to the husband. He mentioned that he saw his parents often enough. That particular difficulty appeared to iron itself

out by the time the babies were three months old since no one was in that category at that time and that particular couple had moved into their new home by then.

The fact that the number of husbands wanting to see their parents a little more often decreased at the time of the birth may be an indication that the husbands now feel totally responsible for their new family and do not wish to receive advice from their parents. Therefore, the less they see them the happier they are.

Since no relationship was found between the proximity of one's parents and the desire to see them more frequently, one can hypothesize that distance does not "make the heart grow fonder". Although there is no conclusive evidence, it is possible that those new parents who expressed the desire to see their parents more frequently already enjoyed a good relationship with their parents and wished to continue it and share their new joy with them.

The variable of writing letters to one's parents was found to be only slightly related to change during the transition to parenthood. A possible explanation may be that men do not write very many letters anyway, therefore, the pattern of writing letters would not change with pregnancy or the birth of the baby. Since only one woman recorded a change, and the questionnaire only asked "How?", all the researcher found out was that her letter writing increased a bit during pregnancy. It is only possible to theorize as to the reason why. Possibly she was very happy and wanted to share her joy with her parents. However, the following explanation is more likely. W-10 moved to Sydney from another Maritime province when she was already three months pregnant. This was the first time she had been far enough away from her parents to have to write letters.

The researcher does not know if the increase in letter writing would have been the same had she not been pregnant. Since the move to Sydney occurred during her pregnancy, it is impossible to know which is the antecedent variable, the move to Sydney or the pregnancy. One can easily conclude that the pattern of writing letters to one's parents does not change with the onset of the first pregnancy or birth of the first child. The increase in telephoning one's parents immediately after the birth of the baby is understandable for the women and relates to their reported source of information on parenthood. New mothers tend to have more concerns at that time and may seek more reassurance from their own mothers. Because the new role is still alien to the women, it is comforting to share their feelings and concerns with one who has already assumed the role. It is natural to share these feelings with a person who will not threaten their image in their new role. Three months later the number of women who expressed a change in this pattern was the same (3) as for those who expressed a change during pregnancy. This seems to indicate that by the time the baby is three months old, the new mother is more sure of herself and consequently needs less assurance by way of her mother. The pattern of telephoning one's parents increased by one person at each of the three interviews for the men. It would seem that when it comes to telephoning one's parents immediately after the birth, the men would do most of it. However, the researcher cannot explain the slight increase at time 3.

The three women who expressed a change in the pattern of "who calls who" at the third interview gave the following comments as to how the pattern changed. W-8 said: "Sometimes if I don't call them, they call us." This seemed to cause the parents to

call a little more often than she called them. W-9 mentioned that she and her parents called equally often, "My parents phone more often since the birth of the baby and so do we." W-10 explained the change in the pattern this way: "They used to call every week, now they and we call equally often." For W-8 it seemed that her parents were still concerned and wanted to know how things were. It is interesting to note that W-8 was previously married to a young man whom she knew had cancer when she married him. He died a year after their marriage. Her present husband was also previously married. His former wife died unexpectedly during major surgery six months after their marriage. W-8 mentioned to the interviewer that she came from a very close family and was the second youngest of eleven children. She had forty-one nephews and nieces on her side of the family alone. Since she lost her first husband, her parents and all the members of her family expressed concern that everything was "okay" with her. This possibly explains her parents frequent phone calls. For W-9 the equal amount of phoning her parents seemed to be mutually satisfying to both parties, whereas W-9 indicating that her parents call a little less frequently than they did just after the baby's birth seemed to show she was pleased with the change.

The researcher found that there was an increase in contact with one or more brothers and/or sisters during pregnancy and after for both husbands and wives. The increase for the women during pregnancy as opposed to after the birth may partially be explained by psychologically wanting to share and discuss certain physical changes and/or feelings that they experience during pregnancy with one who has already experienced pregnancy. Regretfully, the researcher

did not find out if the person they (both men and women) got closer to was of the same or different sex, or whether the person was single or married. It was apparent, however, that both men and women found it gratifying to have more contact with a sibling while they were experiencing a new role change. Assuming they identified with a person of the same sex who had already experienced the same role change, one could then theorize that identification with a person who has had a similar experience makes the role transition easier for the person involved. More detailed research would have to be carried out to test the validity of this hypothesis.

All five women who received assistance after the birth of their babies found it helpful. Only two mentioned that they were glad to see the help leave. The feeling of wanting to be alone may have been due to a feeling of "I want to manage and care for my baby my way". The two women who expressed relief at seeing the help leave were both breastfeeding and one of them mentioned that her parents made judgmental comments like: "Are you sure the baby is getting enough?" Comments like this bothered her and she further mentioned feeling ill at ease breastfeeding in front of her mother. The feeling of awkwardness left when her parents did. The other woman had a further difficulty in that her hemoglobin dropped severely. This condition causes extreme tiredness to the afflicted person. Being glad to see her in-laws leave may have been her way of saying, "Now I can get some rest." The above results coincide with Hobb's 1968 findings that extra help was appreciated as long as it did not interfere or cast a judgment on the parents in their new role. This latter finding contradicted his previous finding in 1965 when he noted that extra help

caused more difficulty in adjusting to the baby than no help.

Of the five women who received and appreciated extra help, three had not planned on having extra help and three experienced unusual problems. Of the women who had problems, one had twins and her episiotomy broke open once she was home; one had had an unexpected caesarian section because of the breech position of the baby, and the third had a very low hemoglobin count. Their comments seemed to indicate that having help was indeed valued as long as it did not invade or pass judgment on their behavior in their new roles.

The whole idea of reaching out to their parents and family and receiving support from them in the form of getting help, telephoning, visiting, drawing closer to a sibling, is supported by Fein's research (1976). Fein reported, "Support given to couples by their families included visits in the weeks after the birth, advice, presents for the baby, presents for the new parents, steady encouragement, and respect for the new parents' wishes to be left alone 'so we can care for the baby by ourselves'." This whole area of kinship interaction during the transition to parenthood deserves further study. The researcher in this study has merely scratched the surface.

Attitudes Toward Self During Pregnancy and Early Parenthood

According to a study conducted under the auspices of Dalhousie University's Department of Obstetrics and Gynecology in 1974, eighty-seven women or 44 percent of the 196 women interviewed while still in the hospital stated that they did not want their baby in the first place, and eighteen mothers of the 196

women, or 9 percent, still did not want their child by the time of delivery. This was not found in the present study. In fact, the two couples who had not originally planned their babies were both very happy to have their babies and the husbands and wives of both couples checked "strongly agree" to the item "I am glad we had this baby at this particular time." There does seem to be a discrepancy, however, between questionnaire and interview statements. Hobbs (1968) and Beauchamp (1968) both suggested higher crisis scores were obtained when an interview was used as opposed to the checklist method. The opposite was found in this study to the question of planning the baby. To the question "How did you go about deciding to have a child at this particular time" which was asked in the interview section, only four responses indicated that the baby had not been planned at that time. However, responses to "I planned to have this baby at this particular time" in the checklist section brought a variety of answers: two people checked "strongly agree", eight people checked "agree", three people were indifferent, and seven checked "disagree". These results tend to indicate either reluctance to open up to the interviewer or a feeling of shame or guilt at not having planned their baby. Another possibility may be that having planned their baby for that particular time, the couples were having second thoughts about it the closer they came to delivery. This did not mean that they had not planned their baby, only that they were now having doubts about it. The women seemed more definite in their opinions: five had not planned their baby for that particular time, and not one woman was indifferent. The men demonstrated more ambivalence: three were not sure of planning their baby and two reported not planning to have a baby at that time. Feelings of

uncertainty seem to prevail during pregnancy and "fear of the unknown" can be strong enough to make the couples doubt the appropriateness of their present pregnancy. These findings were further confirmed by the fear of having a deformed or retarded child expressed by several in their expectations of what the baby would be like. Tanzer (1976) reported the same finding in her study. A young mother speaking in a 1975 film entitled "Adapting to Parenthood"[1] expressed similar concerns, confirming the fear idea. She mentioned that prior to delivery expectant mothers sometimes have fears that are not easy to face. They fantasize about having an abnormal or deformed baby. The woman in the film found that television commercials for the March of Dimes and seeing blind and retarded children on television were really devastating for her, making her think that for sure something would be wrong. She went on to mention how some women, when pregnant, believed that their thoughts were transmitted to the uterus somehow, causing harm to the baby. This fear was apparent for many of the couples in this study. The second and third interview of this study indicated that the fear was resolved by then. Once the baby was born and the parents saw that the baby was healthy, every parent without exception either "strongly agreed" or "agreed" that they were glad they had the baby at that time, regardless of whether they had planned the baby or not. It would be interesting to see if the same pattern existed for couples whose babies had serious health problems. All the couples, even those who had not originally planned their baby, seemed happy at the three month period and appeared to be adjusting well to the baby.

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[1] "Adapting to Parenthood", Alvin Fiering, Polymorph Films Inc., Boston, Mass., 1975

The fact that the women in this study experienced fewer positive feelings just after the baby's birth than at any other time in the study may be indicative that this period is more stressful for women. Some mothers mentioned feeling very confused the first few days in the hospital after giving birth. They were told to rest as much as possible and yet hospital personnel pushed forms to be filled and menus to be completed. If the mother had "rooming-in", she had full charge over her newborn but then was not allowed visitors. These situations caused many mixed feelings on the part of the mothers. Once home, mothers, in-laws, and friends made contradictory suggestions on how to care for the baby.

Another reason why the mother's positive scores were low just after the birth may have been that many of the mothers' initial ideas about the baby were very romantic. They only tended to think about the special moments they would share together, not about all the time they would be up with the baby while he was crying or fussing. One mother at the first interview said she expected her baby to sleep twenty hours a day for the first two to three weeks, at least that was what she had read. At the second interview she said, "I didn't know babies slept so little."

A possible explanation for the husbands' recording more positive feelings just after the birth may be that the real adjustment had not really hit them yet, or that their stressful periods were different from their wives'. Their feelings of self worth were still very much enhanced by the baby's birth. Perhaps the husbands felt more nurturant and caring at that time.

Wapner (1976:9) reported that the wives in his study rated their husbands statistically lower on nurturant statements than the husbands rated themselves. This difference may be partly explained according to Wapner (1976) through a gap between the husband's feeling more nurturant and yet not expressing these feelings. The husband was still at the cigar-giving-out stage and was still being teased on the job by fellow workmen. His feelings of self worth were greatly enhanced at that time.

By the time the baby was three months old, the number of positive feelings for the women, generally speaking, increased and returned, or at the very least, got closer to their original score. This can be explained by the fact that by the time the baby was three months old, many of the little adjustments were over. Although some adjustments still remained, the baby still cried, was fussy, and had colds occasionally, he nevertheless had gone through many changes since his birth. The mothers at that time saw the baby as being more fun to be with and enjoyed the baby more in a different sense. All the mothers reported their babies being more alert, more active, and smiling more readily than previously. Some mothers still expressed mixed feelings like: "If we decide to go out, by the time we get the baby ready and ourselves, I am so tired I'm ready to stay home." Yet a sentence later, the same mother said: "I love being a parent." Another woman said: "It's a good feeling. Although it's a great responsibility, it's worth it." A third mentioned: "It's a beautiful feeling to know that someone really loves you, but sometimes I think I give more affection to the baby than to my husband." These feelings of ambivalence were confirmed even further by the

young mother in the film "Adapting to Parenthood."

> There is not one day that is total bliss but the fact that the baby is there makes each day a little more happy and that's nice even though you do get exasperated because he still does cry and get cranky and it seems there is nothing you can do. Still, the times that are good and are pleasant far outweigh all the bad.
>
> (Polymorph Films, Inc., 1975)

These feelings were mentioned in almost the same words by different mothers in the present study.

The fact that half of the men at the third interview had higher positive scores than at any other time in the study indicates satisfaction with their new role. Russell (1974) had found that husbands reported higher gratification scores if they were well prepared for parenthood. Her finding was supported in this study. Nine husbands either felt they were "well" prepared or "fairly well" prepared for parenthood.

Pregnancy appeared to be a more troublesome time for the expectant couples than the time immediately following the actual birth of the baby. This was demonstrated by all husbands and six wives having fewer negative scores after the birth of the baby than during pregnancy. The scores for two women stayed the same and only two women reported a slight rise - W-8, a rise of 1 point and W-10, a rise of 4 points. This seemed to indicate that, although there were some adjustments to be made, the adjustments did not create hostile or negative feelings. This finding seemed to be even more significant three months later when nine women and four men report even fewer negative feelings than just after the birth. Only one woman, W-7, and four men reported a rise in the number of negative feelings at that time. It is possible, although not sub-

stantiated, that the men had more difficulty expressing and hence resolving their negative feelings, particularly if they were of Scottish descent. It seemed to be a culturally accepted trait in Cape Breton that emotions are not expressed very openly by the men. It was not uncommon for the researcher to observe men at a Ceilidh (Gaelic Celebration) sitting down doing a jig with their feet while their arms were crossed and their faces completely emotionless. Although the lack of expressing emotions may be a cultural trait, not all the people in the sample were of Scottish descent, therefore it is difficult to know if culture was a significant explanation.

The only items on which men and women differed distinctly were the satisfaction with the wife's appearance and satisfaction with the sexual relationship. In general, the women did not like their appearance during pregnancy, whereas the men were divided on the issue: four agreed, two were indifferent and four disagreed. Pregnancy in itself is an entirely new and highly emotional experience and the changes that occur in one's body may seem unacceptable to some women. While it may be relatively easy to ignore bodily changes in the first trimester of pregnancy, it becomes increasingly difficult to do so in the second and third trimester. The second trimester brings with it breast enlargement, fatigue, mood swings, and eventually movement of the fetus which necessitates recognition of the impending role change. The bodily changes of the second trimester are all the more accentuated during the third trimester. Kieren, Henton and Marotz (1975) have this explanation:

> Because our self-concept is formed as a result of continual feedback from significant others, the husband can play an important role by res-

> ponding to his wife in positive terms. This is particularly important in helping her accept her increased body size. It is not unusual for a woman to feel depressed over the twenty to twenty-five pounds she has gained during pregnancy. In one instance, a wife expressed her distress by drawing a self-portrait (see Figure 1). When asked to describe why she drew the picture, she said she felt overtaken and totally enveloped in the baby-making process, devoid of her own individuality and femininity. This statement was made by a woman who was looking forward to the birth of her child and who felt positive about her pregnancy. Support and reassurance from her husband served as a resource in coping with this insecurity.
>
> (Kieren, Henton, and Marotz, 1975:248)

FIGURE 1. MY SELF PORTRAIT DURING PREGNANCY

Satisfaction with the sexual relationship was expressed by all husbands during pregnancy and at the two interviews after the birth, whereas only half the women were satisfied during pregnancy and immediately after the birth. At the time of the last interview, all women expressed satisfaction. A possible explanation for the women's dissatisfaction with the sexual relationship at times 1 and 2 may be their embarrassment over their increased size, their lack of knowledge or lack of willingness to try different positions during sexual intercourse, and possibly a lack of creativity in expressing their sexual feelings in a nonvaginal form. The fact that all men and women were satisfied with their sexual relationships when the baby was three months old is evidence that the problem

was only temporary.

The fact that the husbands reported both positive and negative feelings over the three time periods is confirmed by Fein (1976:54). He found that "men's feelings varied in the weeks after the birth, with all men feeling both gratified and burdened".

Preparation for Parenthood

The fact that sixteen of the twenty people in this study attended some form of prenatal classes and nine husbands and eight wives felt either "fairly well" or "well" prepared for parenthood makes this group an unusual group. As a result, the couples felt they had some preparation which would help them cope with the immediate tasks of parenthood.

Nine people who had attended prenatal classes felt there were gaps in the information given. Their responses were summarized as follows: 1) "Prenatal classes should have prepared us for the possibility of complications. Nothing was mentioned about caesarian sections." (Three people made similar statements.) 2) "Only ten minutes was devoted to breastfeeding at the Public Health classes. They talked a lot about older babies, but not enough about infants. They never spoke of problems to anticipate - all was presented as rosy." 3) "....not enough information on breastfeeding. It would be good to have a La Leche League chapter here." 4) "Public Health classes did not really talk about labor and delivery." 5) "Public Health classes should have prepared us better for the immediate time at home after the birth. I was so tired." 6) "No information was given on the pros and cons of circumcision. We had no information on how to decide what we

should do." 7) "Not enough information on feeding and care of the baby at home. We were not told when to introduce cereals and how much."

The above comments are evidence that the couples still were unsure about certain aspects of early parenthood.

Topics on which the couples felt they received good information and their sources were listed as follows: Regarding the Lamaze Childbirth Education Classes: 1) "helped us to be more relaxed about labor", 2) "The exercises and breathing techniques and having a labor coach were very helpful." 3) "Because we took natural childbirth classes, my wife was physically better suited for labor. We could not use the tools we had learned because my wife had a section; however, she used the breathing techniques for the pain afterwards." Other positive comments were: 1) "I received good information on breastfeeding, nutrition, and care of the baby, that is, how to bath and feed the baby." 2) "Friends lent us a book (mentioned twice) and gave us good information on labor and delivery." 3) "A friend told me about buying baby's clothes and gave me reassurance about handling the baby."

The following sources were also mentioned: 1) "The staff in the hospital and my doctor were good in preparing me for the section." 2) "My doctor reassured me about my anxious feelings during pregnancy and comforted me." 3) "A nurse told me about labor and feeding the baby." 4) One husband who had not attended any classes said: "I learned more in the delivery room than anywhere else." 5) One mother who was a nurse mentioned that the best information was her own training and caseroom experience regarding the delivery. 6) One husband mentioned that the best

information he received was on family planning and human sexuality in a Family Life course for teachers. 7) One final statement was from a mother who appreciated the Canadian Mother and Child regarding information on the hospital, pregnancy and labor symptoms which made her comfortable. "I was not shocked because the book prepared me well."

Couples elicited the following responses regarding incomplete or poor information: 1) Caesarian sections - one woman expressed concern about not knowing where she would be cut - whether it would be in the delivery room or in the operating room. 2) Possible complications - one woman felt she should have been more prepared for what could go wrong. Her baby was jaundiced and had low blood sugar forcing him to be transferred to a neo-natal clinic fifteen miles away for six days. She thought that the Canadian Mother and Child should include a chapter on complications. Another woman said her mother or her doctor should have told her about feeling so tired after the baby's birth. 3) Insufficient information at prenatal classes on baby care, especially feeding, was mentioned three times. 4) Misinformation - some people mentioned misleading information from neighbors and friends. One husband felt that the High School provided no information. He felt he received many misconceptions about childbirth itself. Other comments heard were: "The doctor did not explain the posterior position of the baby during labor", "I received misinformation from my doctor about breastfeeding", and "My doctor assumed I knew more than I did and I had to phone him about the baby's feeding schedule as soon as I got home from the hospital".

When asked if the lack of information caused them any

problems or anxieties, many expressed feeling helpless and frightened. Comments like the following were made: 1) "Yes, it lead to confusion and uncertainty when the baby spit up", 2) "Yes, I was scared to give the baby anything except what the doctor mentioned in the hospital. I was scared to give pablum on a spoon to a seven day old baby".

These comments seem to indicate that during pregnancy the couples felt they were well prepared for parenthood. However, once the baby was born they seemed to have all kinds of concerns which actually did cause them problems or at the very least made them anxious in one way or another. The fact that the couples reported receiving adequate information regarding labor and delivery and lacked information on child care, that is, feeding, bathing, handling, circumcision, tends to confirm Fein's (1976:55) finding that "while all the couples seemed well prepared for labor and delivery, considerably fewer men and women reported being prepared to be parents".

While fewer people mentioned that the lack of information caused them problems at the third interview, the topics with the exception of one were all on child care. The exception was one woman who mentioned "everything is bothering me now. I find I am nagging, picking on my husband. I am depressed, I have no money for Christmas presents. I have no confidence in myself. I say drastic things but I don't mean them." This comment was made by W-4 who was the youngest woman in the sample and who also had been married the least amount of time - one year. This seemed to be the only area where she noted a great deal of difficulty.

Mentioned considerably more frequently at the last interview was the contradictory nature of the information received by people. Once again, the doctor was seen as the arbitrator or the

peacemaker and the first person they would go see in the future if they needed further information on a particular topic. The doctor served as a therapeutic agent to almost all the couples and in particular to the wives. When they were distressed and did not know how to cope with the baby, they saw the doctor. Just prior to the last interview with one couple, their baby developed a rash on her body and in addition she had a pimple on the inside of her leg which eventually became infected. After worrying about both problems, they took the baby to the doctor who told them about the rash "to worry about the weather instead". However, he did prescribe an antibiotic for the infected pimple and in the mother's own words: "Both of us were relieved to have the doctor's advice."

Regarding preparation for parenthood, the couples in this sample were still very much caught up in the physical aspects of child care at the time of the last interview. Not one parent expressed concern or interest in taking a Parent Effectiveness Training course or a Parent Group Education course. It appeared from this study that parents' interest in child socialization develops at a later stage. How much later, the researcher did not determine.

LeMasters (1957) had found that all couples in the crisis group reported that their preparation for parenthood had been minimal if they had received any at all. Dyer also noted that those who had received some preparation experienced less crisis. The fact that only one woman in the present sample experienced such strong feelings adapting and the fact that she had not taken a prenatal course seems to confirm LeMasters' and Dyer's finding. However, there were two other persons who did not attend prenatal

classes and they did not seem to be affected in the same way. Russell (1974) found no relationship between preparation for parenthood and degree of crisis. Perhaps that one woman's difficulty adjusting had more to do with her age - twenty-one - than her preparation for parenthood. Still, maybe it had more to do with length of marriage - one year in her case. Since this phenomenon occurred with only one person, it is difficult to know the exact reason. Any attempt to discover the root of it is sheer speculation.

Expectations and Adjustments to the Baby

Although husband and wives expressed similar expectations for the baby, many of these were highly unrealistic: 1) One woman expected her husband to know more about child care because he took more science courses. 2) One woman feared the baby may get viral pneumonia because she did. She also expected her baby to be an athlete like she was. 3) One woman expected to have a boy because her husband had eleven brothers. 4) One woman anticipated feeding problems with her baby because her mother had had a feeding problem with her. 5) One woman did not expect her baby to be colicky because she was calm during pregnancy. It should be noted that all of these unrealistic expectations were expressed by the wives, not the husbands. It would seem that the women were more prone to listen to "old wives' tales" than the men were.

Regarding the sex preference of the baby, half of the sample either desired girls or were undecided, whereas five women and five men hoped for boys. Even the women who were indifferent as to the baby's sex still mentioned that if the baby were a boy, they expected

their sons to look like their husbands. Desiring the first-born to be a boy was supported by other research, especially Kirk (1964:127) who found that when students were asked about their preferences for hypothetical first children, 80 percent said they preferred boys. Kirk (1964:128) also quoted a study in process by Feldman and Meyerowitz who asked 292 married couples in their second and third trimester of pregnancy what their sex preferences were. Of those with a decided preference, 82 percent of the men and 59 percent of the women reported wanting boys.

Prenatal preparation seemed without exception to relax the couples and better prepare them for the events of labor and delivery. The women who had not attended prenatal classes expressed more negative sentiments about labor and delivery than those who were better prepared. These strong feelings were confirmed by Tanzer and Block (1976) who quoted women without adequate preparation describing conventional childbirth as: "It was horrible. I kept thinking I was dying, wishing I was dead."

Comments depicting subordination of the parent's feelings toward the baby were often heard: "It's hard to adjust to but it's different. It's a different style of living. The baby comes first as an infant", "I love it! But it is a real adjustment. I didn't expect it that much. I expected to do more at first when I first came home from the hospital but I found myself to be too sore. Everything is centered on the baby now." Recognizing that there were adjustments to be made, the couples made the necessary efforts without being overly upset over them.

At the end of the third interview, each person was asked

to make a general statement about being a parent.[1] Some of the comments elicited were: Husband - "Nobody really gets everything they want. The real satisfaction doesn't hit until the baby is born. Your whole life revolves around the baby. For me, that's a real good feeling. Leaving the baby the first few days was hard but soon it was okay." Wife - "Now I realize how much work two are. Money really disappears fast, in no time you spend $10.00 here, $10.00 there." Husband - "If I could do it over again, I would have twins. I will try to provide them with as much opportunity as possible. I am already worried about the drug scene. I really enjoy being a parent. I'm looking forward to being able to take them places. They're our life now. We're really pleased. At first we were shocked when we heard it may be twins, but as time went on we really liked the idea. I think we would have been disappointed if there had only been one. Now that there are two kids, my wife should stay home." Wife - "I wonder what I did before the baby was born. I must have been bored. I have twice as much to do now and I still get my work done. I wonder where my time went before. If something goes wrong with the baby, I always think it's my fault." Husband - "Being a parent meets my expectations. The baby is very good. It bothered me at first when she cried but it didn't take long to adjust to. The first week was a real disaster. My wife was weak and needed more attention. But now we're settled into a real good pattern. The baby's crying caused some concern at first and we needed to find out what it was. Thank goodness my parents were here the first week. I expected it to be

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[1]This question was not part of the formal interview, but the interviewers recorded their responses.

worse." Wife - "I don't think you can have an idea as to what it's like until it happens to you. But it's great!" Wife - "Being a parent is wonderful! I'm proud to be a mother. It's a great feeling but a responsibility. It's worth it." The above comments seem to reveal that the couples in this sample did not find the extra adjustments to be burdensome but rather to be a natural consequence of parenthood which they accepted.

Limitations Of This Study

While this study tried to improve on the methodological and conceptual issues used in previous studies, nevertheless it still had limitations of its own. One such limitation was the sampling bias that was present. Because of the nature of the sampling gathering, the sample was not a truly representative one. A second weakness was the sample size (ten couples). Due to the longitudinal design of the study (each couple was interviewed three times) and the lack of financial assistance, the size had to be kept small. A third limitation was that, although the study was a longitudinal one extending over six to seven months, it would have been interesting to have followed each couple through the first year of parenthood. A further criticism of this study was that the sample included one multiple birth. In reality, that particular couple should not have been compared to couples with a single birth. Due to the small sample size, the couple with the twins was retained. A fifth weakness present in this study was the fact that the sample included one couple where both spouses had been previously married. This fact may have contaminated their marital adjustment scores. Another

limitation was that seventeen of the twenty people in the sample attended some form of prenatal classes. This number is high, which was probably due to the unrepresentativeness of the sample. A seventh limitation was the fact that sixteen couples refused to take part in the study. One could speculate upon the reasons for the high number of refusals. One such reason may have been that the people in Cape Breton are not used to taking part in research studies and therefore fear of the unknown was strong. The College of Cape Breton does not have a graduate program and therefore extensive research is seldom carried out in the area. This would partly explain their reluctance to take part in a study that would involve themselves personally. Secondly, the reluctance to take part in the study possibly may have been due to the educational level of the people. It is possible that those who refused to take part in the study were not as well educated as those who did. There is also the possibility that those who did not take part in this study did not attend any form of prenatal classes as well. If they did not attend prenatal classes they probably were not the type of people who would want to better themselves by attending an educational course. That type of person would probably have similar feelings about taking part in a research study. It is also possible that the non-takers felt that the researchers would pass judgment on them as parents, hence posing a threat to their egos. A further reason for the nonparticipation may have been the reluctance of the husbands to participate because of less cultural support for male interest in family affairs. This was shown by the excuses given: 1) too busy building a house, and 2) husband was not interested. These

two reasons were given most frequently and both were related to the men.

A final limitation of this study was that it only identified some of the areas pertaining to the expectations and adjustments of first-parenthood. The researcher is aware that some areas were probably overstressed while others were possibly neglected.

Conclusions

The new parents in this study did not have a set pattern of caring for their children. Mothers and fathers had to find their own way of caring for their baby by trial and error. This took time to accomplish because the whole parenting process was affected by change within the family (moving from a couple to a couple with a dependent child) and by interaction with people outside the family (relatives, friends, neighbors, doctors). As the needs and wants of the individuals and the family changed, so did the interactional patterns change. This change, adaptation, or adjustment was not seen as problematic or causing a crisis, but as a normal transition from one role to another. The normative changes were probably considerably more involved in both number and significance than those when these same people moved from being single to being married. Because there were more normative changes to make in their lives, it was normal for those couples to experience more difficulty adjusting to their new roles. The following conclusions regarding these adjustment patterns in this study were as follows: 1) Couples' expectations were not always in line with the reality of what they experienced after childbirth. 2) All couples experienced some difficulty in adjusting to the birth of

their first child, but this difficulty was seen as a normal role change in their lives and was accepted as such. 3) The birth of the baby appeared to have a more negative effect on the men's marital adjustment than on the women's. 4) Pregnancy was seen as a more difficult time for women than for men. Immediately after childbirth was a more difficult time for men than for women. Three months after the birth both men and women were coping well with the child. 5) Couples were more prepared for labor and delivery than they were for immediate child care duties. Three months later, the new fathers tended to give up the household tasks and the new mothers began assuming both child care and household tasks. 7) Child care activities caused a great deal of concern for both husbands and wives. Often advice given or sought turned out to be very confusing. However, amidst the confusion, the medical doctor was seen as the major problem solver in this area. 8) A common postpartum concern expressed was that the baby curtailed many of the couple's previous social recreational patterns. 9) Couples found support from their respective families over the three time periods. Husbands and wives both increased in their contact with their respective siblings. 10) All couples who received postpartum assistance appreciated it as long as judgmental comments concerning the child care duties were not mentioned.

Recommendations For Parent Education

The present study indicates that new parents need more support in the immediate postpartum period. This thesis pointed out that, in childbirth preparation classes, the couples focused more on the labor and birth experience than on postpartum information.

Some form of program could be made available during the postpartum period for mothers and fathers who are striving to fulfill their new roles as parents. Programs could be piloted and developed out of the experience of getting mothers and fathers together to talk to other new parents about their needs and experiences.

The researcher piloted one such program with her husband in the winter of 1976. The first such program offered information on three topics: adapting to parenthood, postpartum fertility and family planning, and early childhood development. These follow-up postpartum classes were offered to couples who had attended Lamaze classes together. The first of these classes was held when the youngest baby was approximately two weeks old. In this way, the leaders were sure that the babies of the parents were roughly the same age.

Couples were encouraged to bring their babies, and the first class generated a lot of excitement as the couples showed their babies to each other and talked about their progress. The leaders initially encouraged each couple to say a few words about their own childbirth experience and tried to assure them they had done a good job. The main point was always a healthy baby, a healthy parent, and a lot of happy memories.

Initially, classes were held in the new parents' homes on a rotating basis which provided a very informal atmosphere. As the classes became larger, the group met in a carpeted room where the Lamaze classes had been held, thus the surroundings were not alien to the participants.

A 1975 film entitled "Adapting to Parenthood" was used as a discussion starter the first evening of the series. Adjust-

ment was the key issue in the discussion with the new parents. The leaders constantly stressed the importance of keeping the lines of communication open between husband and wife. After viewing the film, parents made comments such as: "I'm glad I saw that film because I thought I was the only one who had those feelings" (feelings of tiredness, of being incompetent, of wanting to get away from the baby). A lot of sharing was noticed in the group. Couples could be heard to say: "Does your baby get hiccups? Mine does and I don't know what to do about it. It really bothers me", or "What do you use for diaper rash?"

The couples talked about their efforts to integrate the baby into the family unit. Feelings about their babies' feeding, waking and sleeping patterns were also mentioned. Also included in the discussion were feelings about the mother's return to work along with how to find a good babysitter, and what qualities to look for in a good babysitter. Other subjects discussed included crying, the mother's depression and her feelings about her physical and emotional recovery of childbirth. Husbands were helped to realize that they could cope with their wives' depression and that they could actually help her adjust to these new feelings.

Some mothers expressed concern over their physical attractiveness, the episiotomy, their milk supply, and whether they had the skills and emotional resources to cope with their baby. Efforts were continuously made by the leaders to help parents overcome feelings of helplessness. The leaders also tried to make the parents feel as comfortable as possible with their own self-images. The role of the co-parent was also

stressed so that each partner would feel that he or she was working toward the same goal: that of a happy, relaxed, healthy family unit. An important element of the co-parent role that was emphasized was each spouse's feelings regarding his evaluation of his spouse's competence in the therapeutic, child care and child socialization roles. It was felt that if the spouses saw each other as being fairly competent in these roles, their marital satisfaction would be greater and hence their family life would be enhanced. Evidence to support the idea that marital satisfaction is enhanced by each spouse seeing the other as competent in his therapeutic, child care and child socialization roles is given in the study of F. I. Nye (1976).

The evening on family planning and postpartum fertility engendered discussion on the return of the menstrual period and experiences about different methods of family planning were shared. Some women expressed concern about not being normal because they still were experiencing the lochia (discharge after childbirth) some five weeks after delivery. The leaders used slides for their presentation which covered all methods of family planning and the effectiveness rates of each were mentioned. Various aspects of human sexuality were treated and each couple was given a handout covering all aspects of the evening's discussion.

The third and last evening was on the subject of early childhood development. A film entitled "Child Development" from the Canadian National Film Board was utilized. The leaders tried to bring up issues which were not covered in the film or which were not raised by the new parents. Parents compared their baby's development with that of the other babies. It was helpful

to have leaders who had had personal experience as parents and who had some knowledge of child development. The particular leaders also had experience working with other parents. Emphasis was placed on treating each child as an individual with the parents working in cooperation with their child, rather than pushing their child beyond his capacities.

After having three sets of the above series, exposing thirty-five couples to the three topics, the need for a fourth class became apparent. Couples increasingly mentioned having difficulties with infant feedings: formulas, when to introduce solids, constipation, and other aspects of feeding. Therefore, in the spring of 1976 another class was added to the previous three - that of "Infant Nutrition". This particular class was opened to all the couples from the previous sessions. The Public Health Nutritionist and a person who worked for the Milk Foundation gave that particular presentation. Part of their presentation took the format of a workshop where they prepared blender baby foods and individuals were invited to taste and sample them. The attendance was overwhelming: thirty-two people attended out of a possible sixty. Of the thirty-two people, six were fathers and the remainder were mothers.

It was generally found that the couples got to know each other better during the postnatal classes than the prenatal ones. In all, it was felt that the sessions answered many questions the parents had and reassured them in many areas. Since the majority of the couples were first-time parents, no effort was made to introduce discussion on child socialization. It was felt that this need arose once the children were a little

older.

Many improvements could be made on the programs that the researcher piloted. They were only an experiment. One improvement could be that similar sessions be part of a regular postnatal program. All couples attending prenatal classes could be made aware of the content of the postnatal classes and encouraged to attend. Husbands could be given the responsibility of phoning the instructor once their baby was born to learn of the commencement date of the classes. Husband-involvement could be encouraged by having more men or couples involved in the instruction aspect.

The postpartum leaders could be the regular prenatal instructors. They could be encouraged to attend training workshops, bibliographies could be drawn up for their study, they could attend, observe, run a trial series and possibly ask the new parents for a written evaluation. The leaders should preferably have personal experience as parents. They could be taught the necessary skills to actively listen and they should have practical information about child rearing, sexuality, and the ability to draw from the parents what they consider to be good parenting skills. They should also be trained to notice signs of pathology, depression and hysteria and be aware of referral agencies.

Due to the importance of infant health through infant feeding, the experience of the researcher in the pilot programs was that one evening was not sufficient on that topic. The information could possibly be given over the span of two evenings. This would allow the material of the first evening to be better absorbed and questions could be asked the following

week on areas that were left unclear.

A further suggestion is that adoptive parents could be included in these postpartum classes. Video-tape equipment could be set up at each class and occasionally parents could stop and see themselves, how they handle their children and how they interact with their partners and the other parents.

Creative and catchy titles could be used for these postpartum classes. Examples could be "Parent Education: The Fourth Trimester" or "Transition Education".[1] Other areas that could be dealt with in such postpartum sessions could be exercises in minimizing parents' concerns about feeding, holding, communicating and picking up the baby, discussions on how to maximize the length and quality of time spent feeding, changing, bathing, and dressing the baby. Parents could be taught to encourage facial and voice interaction with their babies instead of babbling to them. They could be encouraged to create a trusting, loving, secure environment for the baby. Exercises for the baby could also be introduced. Regardless of the program topic, parents should always be told that they are the first and foremost teachers of their children and that they are the ones who provide the child's "way of life".

Parenthood is a very significant and important role and, because it is, educators should do all they can to prevent emotional trauma in parenting. Educators should not be afraid of pointing out the nitty-gritty of raising a child. Parents

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[1]There are already some existing programs which could be used with parents. One of these is "Character Potential" which deals with character education during infancy. This study has indicated and reinforced the view that these areas should be explained more carefully in parenthood.

should be made aware of the fact that although many aspects of parenting are pleasant, others can be equally unpleasant. At any rate, parents should be given the opportunity in postpartum classes to mention how they feel about certain issues of parenting, to respond to how they would react in certain situations and to express feelings about what they wished they had known. This study has indicated and reinforced the view that these areas should be explored more carefully in parenthood.

Implications For Further Research

The preceding discussion provided interesting directions for future research. The birth of the first child does require adjustments by both men and women. This warrants further investigation. This study was done on a very small number of couples over a very short period of time. A repetition of the study on a larger, more representative, sampling could solidify or refute tentative conclusions made here. Extending the length of the longitudinal study to one or two years could reveal in-depth information on how parents adjust when moving from strictly child care duties to child socialization.

With the increasing prevalence of childbirth education and parenting programs, a comparative study could be made on the effect of these programs on postpartum adjustment. The fact that childbirth and early postpartum is a physical event, a comparative study between natural and adoptive couples could ease out those aspects of adjustment that are strictly due to the physical event and reveal more in-depth information on the social and psychological adjustments to having a child in the

home. A typical situation such as the birth of handicapped children, multiple birth, premaritally conceived pregnancies and unwed motherhood could reveal similarities and differences in becoming parents under these circumstances.

Several areas merely touched upon very briefly in this study could be studied in greater depth: the sexual activity and the feelings surrounding this area, change in social recreational patterns, feelings concerning working mothers, family support systems such as relatives, work, friends. The present study did not touch upon two roles which Nye (1976) found to be important in the analysis of the role structure of the family, namely the therapeutic and child socialization roles. Nye also found role competence to be an important aspect of role enactment which had an effect on such things as marital satisfaction, marital control, and role norms. Similar analysis could shed light on postpartum adjustment.

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APPENDIX

IN-DEPTH INTERVIEW SCHEDULE

WIFE'S INTERVIEW NUMBER ONE[1]

CODE ____

HUSBAND ____

WIFE ____

We are from the Division of Family Studies at The University of Alberta and we are interested in finding out what parents expect of the birth of their first child and what adjustments they have to make to this event. We also want to ask you some questions about your attitudes and feelings towards marriage. This will help us understand the phenomenon surrounding the first birth and in turn we will be able to help other couples adjust to this event in a more realistic way. All of this information is, of course, confidential. Your name will not be on any of this information.

[1]Husband's interviews numbers one, two and three were identical, for the most part, to the wife's interviews, except the wording was changed slightly to accommodate the answers of the husband.

PART I

THE FOLLOWING QUESTIONS HAVE TO DO WITH CERTAIN ROLES PEOPLE TAKE ON IN MARRIAGE. PLEASE CIRCLE THE PERSON IN YOUR MARRIAGE WHO USUALLY DOES THE ACTIVITY MENTIONED AS WELL AS THE PERSON WHO YOU THINK SHOULD DO THE ACTIVITY MENTIONED.

H = Husband
W = Wife
B = Both, whether done at the same time or separately
N/A = Not applicable to me at this particular time.

1.	Who usually makes the meals?	H	W	B	N/A
2.	Who should make the meals?	H	W	B	N/A
3.	Who usually buys the baby's clothes?	H	W	B	N/A
4.	Who should buy the baby's clothes?	H	W	B	N/A
5.	Who usually participates in community activities?	H	W	B	N/A
6.	Who should participate in community activities?	H	W	B	N/A
7.	Who usually decides on which birth control method to use?	H	W	B	N/A
8.	Who should decide on which birth control method to use?	H	W	B	N/A
9.	Who usually invests money?	H	W	B	N/A
10.	Who should invest money?	H	W	B	N/A
11.	Who usually goes to work to support the family?	H	W	B	N/A
12.	Who should go to work to support the family?	H	W	B	N/A
13.	Who usually vacuums and dusts?	H	W	B	N/A
14.	Who should vacuum and dust?	H	W	B	N/A
15.	Who usually puts the baby to bed?	H	W	B	N/A
16.	Who should put the baby to bed?	H	W	B	N/A
17.	Who usually goes out for an evening with friends?	H	W	B	N/A
18.	Who should go out for an evening with friends?	H	W	B	N/A
19.	Who usually decides how to spend the money?	H	W	B	N/A
20.	Who should decide how to spend the money?	H	W	B	N/A
21.	Who usually repairs things around the house?	H	W	B	N/A
22.	Who should repair things around the house?	H	W	B	N/A
23.	Who usually gets up at night if the baby fusses?	H	W	B	N/A
24.	Who should get up at night if the baby fusses?	H	W	B	N/A
25.	Who usually goes to sports activities (as participant or as spectator)?	H	W	B	N/A
26.	Who should go to sports activities (as participant or as spectator)?	H	W	B	N/A
27.	Who usually decides where the husband should work?	H	W	B	N/A
28.	Who should decide where the husband should work?	H	W	B	N/A
29.	Who usually pays the bills in a given month?	H	W	B	N/A
30.	Who should pay the bills in a given month?	H	W	B	N/A
31.	Who usually makes the beds?	H	W	B	N/A
32.	Who should make the beds?	H	W	B	N/A
33.	Who usually feeds the baby?	H	W	B	N/A
34.	Who should feed the baby?	H	W	B	N/A
35.	Who usually goes to cultural activities?	H	W	B	N/A

36.	Who should go to cultural activities?	H	W	B	N/A
37.	Who usually decides where to go out for an evening?	H	W	B	N/A
38.	Who should decide where to go out for an evening?	H	W	B	N/A
39.	Who usually spends money on clothes?	H	W	B	N/A
40.	Who should spend money on clothes?	H	W	B	N/A
41.	Who usually empties the garbage?	H	W	B	N/A
42.	Who should empty the garbage?	H	W	B	N/A
43.	Who usually buys the baby furnishings?	H	W	B	N/A
44.	Who should buy the baby furnishings?	H	W	B	N/A
45.	Who usually invites friends over to the house?	H	W	B	N/A
46.	Who should invite friends over to the house?	H	W	B	N/A
47.	Who usually decides what baby furnishings to buy?	H	W	B	N/A
48.	Who should decide what baby furnishings to buy?	H	W	B	N/A
49.	Who usually does the dishes?	H	W	B	N/A
50.	Who should do the dishes?	H	W	B	N/A
51.	Who usually carries the baby when you go out?	H	W	B	N/A
52.	Who should carry the baby when you go out?	H	W	B	N/A
53.	Who usually visits the husband's relatives?	H	W	B	N/A
54.	Who should visit the husband's relatives?	H	W	B	N/A
55.	Who usually decides if the wife should work?	H	W	B	N/A
56.	Who should decide if the wife should work?	H	W	B	N/A
57.	Who usually buys life insurance?	H	W	B	N/A
58.	Who should buy life insurance?	H	W	B	N/A
59.	Who usually does the laundry?	H	W	B	N/A
60.	Who should do the laundry?	H	W	B	N/A
61.	Who usually changes the baby's diaper?	H	W	B	N/A
62.	Who should change the baby's diaper?	H	W	B	N/A
63.	Who usually visits the wife's relatives?	H	W	B	N/A
64.	Who should visit the wife's relatives?	H	W	B	N/A
65.	Who usually decides if the wife should breast feed?	H	W	B	N/A
66.	Who should decide if the wife should breast feed?	H	W	B	N/A
67.	Who usually gets the car repaired?	H	W	B	N/A
68.	Who should get the car repaired?	H	W	B	N/A

PART II

THE FOLLOWING QUESTIONS HAVE TO DO WITH ADJUSTMENT IN MARRIAGE

All the questions can be answered by placing a check next to the appropriate answer. Please fill out all items. If you cannot give the exact answer to a question, answer the best you can. Give the answers that best fit your marriage at the present time. Thank you.

1. Have you ever wished you had not married?
   a. Frequently_____
   b. Occasionally _____
   c. Rarely_____

2. If you had your life to live over again would you:
   a. Marry the same person_____
   b. Marry a different person_____
   c. Not marry at all_____

3. Do husband and wife engage in outside activities together?
   a. All of them_____
   b. Some of them_____
   c. Few of them_____
   d. None of them_____

4. In leisure time, which do you prefer?
   a. Both husband and wife to stay at home_____
   b. Both to be on the go_____
   c. One to be on the go and the other to stay home_____

5. Do you and your mate generally talk things over together?
   a. Never_____
   b. Now and then_____
   c. Almost always_____
   d. Always_____

6. How often do you kiss your mate?
   a. Every day_____
   b. Now and then_____
   c. Almost never_____

7. How many things satisfy you most about your marriage?
   a. Nothing_____
   b. One thing_____
   c. Two things_____
   d. Three or more_____

8. When disagreements arise they generally result in:
   a. Husband giving in_____
   b. Wife giving in_____
   c. Neither giving in_____
   d. Agreement by mutual give and take_____

9. Check any of the following items which you think have caused <u>serious</u> difficulties in your marriage.

Mate's attempt to control my spending money_____
Other difficulties over money_____
Religious differences_____
Different amusement interests_____
Lack of mutual friends_____
Constant bickering_____
Interference of in-laws_____
Lack of mutual affection (no longer in love)_____
Unsatisfactory sex relations_____
Selfishness and lack of cooperation_____
Adultery_____
Desire to have children_____
Sterility of husband or wife_____
Venereal diseases_____
Mate paid attention to (became familiar with) another person_____
Desertion_____
Non-support_____
Drunkenness_____
Gambling_____
Ill health_____
Mate sent to jail_____

10. What is the total number of time you left mate or mate left you because of conflict?
    a. No times_____
    b. One or more times_____

11. How frequently do you and your mate get on each other's nerves around the house?
    a. Never_____
    b. Occasionally_____
    c. Frequently_____
    d. Almost always_____
    e. Always_____

12. What are your feelings on sex relations between you and your mate?
    a. Very enjoyable_____
    b. Enjoyable_____
    c. Tolerable_____
    d. Disgusting_____
    4. Very disgusting_____

13. What are your mate's feelings on sex relations with you?
    a. Very enjoyable_____
    b. Enjoyable_____
    c. Tolerable_____
    d. Disgusting_____
    e. Very disgusting_____

State approximate extent of agreement or disagreement between husband and wife on the following items

Check One Column for Each Item Below	Always Agree	Almost Always Agree	Occa-sionally Disagree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
14. Handling family finances (example: installment buying)						
15. Matters of recreation (example: going to dances)						
16. Demonstration of affection (example: frequency of kissing)						
17. Friends (example: dislike of mate's friends)						
18. Intimate relations (example: sex relations)						
19. Ways of dealing with in-laws						
20. The amount of time that should be spent together						
21. Conventionality (example: right, good or proper conduct)						
2. Aims, goals, and things believed to be important in life						

23. On the scale line below check the mark <u>which best describes the degree of happiness</u>, everything considered of your marriage. The middle point "happy" represents the degree of happiness which most people get from marriage, and the scale gradually ranges on the one side to those few who experience extreme joy in marriage and on the other to those few who are very unhappy in marriage

Very unhappy — Happy — Perfectly Happy

PART III

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE RELATIONSHIP YOU HAVE WITH YOUR RELATIVES.

1. Does anyone live with you besides your (husband, wife)? Specify_____

2. How long have you lived in this city?_____months_____years

3. Where did you live prior to coming to the Industrial Area of Cape Breton?_____

4. Did you live

_____1. On a farm
_____2. Outside a town, but not a farm
_____3. In a town of less than 5,000 people
_____4. In a town of 5,000 - 25,000 people
_____5. In a city of 25,000 - 100,000 people
_____6. In a city of over 100,000 people

5. Have you ever lived in the same community as your parents since you have been married?

_____1. No
_____2. Yes, but not during the past two years
_____3. Yes, up until very recently
_____4. Yes, the whole time
_____5. Yes, for the last year or so
_____6. Yes, on and off
_____7. Yes, for the past several years

6. Do you believe you and your spouse agree on how frequently you should be in touch with any of your relatives?

_____1. Yes, we agree completely
_____2. We agree for the most part
_____3. We disagree to some extent
_____4. We disagree completely

7. Are your parents still living?

_____1. Yes, both are living
_____2. Father only is living
_____3. Mother only is living
_____4. Neither parent is living

8. If both are living, are they living together?

_____1. Yes
_____2. No (tell me something about the one with whom contact is most frequent)

9. Where are they living?_____He/She living_____

10. Do they (he, she) live:

_____1. On a farm
_____2. Outside a town, but not on a farm
_____3. In a town of less than 5,000 people
_____4. In a town of 5,000 - 25,000 people
_____5. In a city of 25,000 - 100,000 people
_____6. In a city of 100,000 plus people

11. In the past two years or so, about how often have you seen your parents (or the one we are talking about)?

_____1. Every day
_____2. More than once a week
_____3. Once a week
_____4. More than monthly
_____5. About once a month
_____6. Several times a year
_____7. About once a year
_____8. Less than once a year
_____9. Never

12. If you have not seen them (him, her) at all, how long has it been since you have seen them?

(insert number of years)_____

13. Whose idea is it usually that you get together?

_____1. Your idea
_____2. Your spouse's idea
_____3. Your parent's idea
_____4. Sometimes your idea, and sometimes your parents'
_____5. No one suggests it; we get together from habit or tradition

14. In the past two years or so, how often have you and your parent(s) engaged in the following types of activities together?

(1 = more than once a year 3 = once or twice
2 = several times a year 4 = never)

_____1. Commercial recreation
_____2. Home recreation such as picnics, card playing, etc.
_____3. Outdoor recreation such as fishing, hunting or camping
_____4. Brief drop-in visits for conversation
_____5. Vacation visits
_____6. Large family reunions (including aunts, uncles, cousins)
_____7. Emergencies of any sort (sickness, death, etc.)
_____8. Working together at the same location or occupation
_____9. Baby-sitting
_____10. Happy occasions such as birthdays or Christmas
_____11. Attending the same church or religious group
_____12. Shopping together
_____13. Other (Specify)_____

15. Has this pattern changed since your pregnancy? If so, how?

16. Do you wish you could see your parents more or less often than you do?

_____1. Much less often
_____2. A little less often
_____3. You see them just often enough
_____4. A little more often
_____5. Much more often

17. How often do you (your spouse) write letters to <u>your</u> parents?

_____1. Never
_____2. Only on special occasions, such as birthdays or Christmas
_____3. Several times a year
_____4. About once a month
_____5. Several times a month
_____6. Once a week or more

18. Has this pattern changed since your pregnancy? If so, how?

19. Do you ever talk to your parents on the telephone?

_____1. No, never
_____2. Yes, on special occasions, or in emergencies
_____3. Several times a year
_____4. About once a month
_____5. Several times a month
_____6. Once a week or more

20. Has this pattern changed since your pregnancy? If so, how?

21. Do you usually call them, or do they call you?

_____1. You almost always call them
_____2. You call a little more often
_____3. You and they call equally often
_____4. They call a little more often
_____5. They almost always call you

22. Has this pattern changed since your pregnancy? If so, how?

23. How many brothers and sisters do you have? Insert number____1.brothers
____2.sisters

24. What is your position in the family?_____

25. Are you already an Aunt/Uncle?_____If so, how many times?_____

26. Have you had more contact with one or more brothers and/or sisters since your pregnancy?

27. Who usually initiates this contact?

_____1. You almost always
_____2. You a little more often
_____3. You and they equally often
_____4. They a little more often
_____5. They almost always

28. Do you plan on having someone come in to help you?

_____1. During pregnancy
_____2. Immediately following the birth
_____3. Later in the year
_____4. No help needed

29. If you plan on having help, who do you plan on having?
Specify_____

PART IV

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU FEEL ABOUT YOUR PREGNANCY

SA = strongly agree
A = agree
I = indifference
D = disagrees
SD = strongly disagrees
N/A = not applicable

PLEASE CIRCLE ONE RESPONSE.

1.	I feel that my appearance was more attractive before pregnancy.	SA	A	I	D	SD	N/A
2.	I feel that parenthood is the last step in becoming an adult.	SA	A	I	D	SD	N/A
3.	I feel more tired now than I did before I was pregnant.	SA	A	I	D	SD	N/A
4.	I feel my husband and I talk more about future plans now than we did before I was pregnant.	SA	A	I	D	SD	N/A
5.	I feel more nervous now than I did before I was pregnant.	SA	A	I	D	SD	N/A
6.	I feel people have more respect for us now that I am pregnant.	SA	A	I	D	SD	N/A
7.	I have more periods of depression now than before I was pregnant.	SA	A	I	D	SD	N/A
8.	I feel my husband is more understanding now than before I was pregnant.	SA	A	I	D	SD	N/A
9.	If I have negative feelings about pregnancy, I can easily tell someone about them.	SA	A	I	D	SD	N/A
10.	I feel I get more attention from my husband now than before I was pregnant.	SA	A	I	D	SD	N/A
11.	I feel unsatisfied with the sexual relationship between my husband and I.	SA	A	I	D	SD	N/A
12.	I am unsatisfied with the way daily household tasks are currently carried out.	SA	A	I	D	SD	N/A
13.	I planned to have this baby at this particular time.	SA	A	I	D	SD	N/A
14.	I feel good about my present appearance.	SA	A	I	D	SD	N/A
15.	I feel that marriage is the last step in becoming an adult.	SA	A	I	D	SD	N/A
16.	I feel more relaxed now than before I was pregnant.	SA	A	I	D	SD	N/A

PART V

THE FOLLOWING SECTION HAS TO DO WITH WHAT YOU EXPECT YOUR BABY TO BE LIKE.

MOST PARENTS EXPECTING THEIR FIRST CHILD HAVE CERTAIN EXPECTATIONS REGARDING THE BABY. FOR EXAMPLE, THEY ANTICIPATE WHO THE BABY WILL LOOK LIKE, WHAT COLOR EYES THE BABY WILL HAVE AND HOW MUCH THE BABY WILL WEIGH. THESE SAME PARENTS SOMETIMES ANTICIPATE CERTAIN SLEEPING, WAKING, FEEDING AND ACTIVITY PATTERNS IN THEIR BABY.

COULD YOU TELL ME WHAT YOU EXPECT YOUR BABY TO BE LIKE?

HOW WELL PREPARED DO YOU FEEL AT THIS TIME FOR PARENTHOOD?

1. Well prepared
2. Fairly well prepared
3. Some concerns about
4. Not at all prepared

PART VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR PREPARATION FOR PARENTHOOD

WHERE DID YOU OBTAIN THE FOLLOWING INFORMATION? PUT THE NUMBER INDICATING THE SOURCE OF YOUR INFORMATION.

Rank in order the three most important sources.

1. Prenatal Clinics
2. Your mother, relatives or neighbors - specify:
3. Media: T.V., Radio, Books, magazines, articles
4. Courses, i. e., University, College of Cape Breton, Continuing Education Programs, etc.
5. Professionals: Doctors, Nurses
6. Your own experience
7. Pre-marriage courses
8. Other - specify:
9. No information or don't know

Rank in order the three most important types of information:

1. Feeding; breast or bottle; solids, frequency ____
2. Bathing ____
3. Labor and birth processes ____
4. Sleeping and waking patterns ____
5. Clothing ____
6. Discipline and behavior ____
7. Pacifiers ____
8. Illness; childhood diseases ____
9. Health care, inoculations, diarrhea, cholic ____
10. Changes in economic patterns ____
11. Teething ____
12. Changes in social activities ____
13. Toilet training ____
14. Changes in emotional-psychological needs (both spouse and self) ____
15. Acceptable and reliable Family Planning Methods ____
16. Changes in relationship to relatives ____

PART VII

1. When is your baby due?_____

2. a) Are you presently working?_____ Part-time_____

   Full-time_____

   b) If so, what at?_____

3. How long have you been working?_____

4. How long do you plan to work?_____

5. Do you plan on working after the baby is born? Yes_____

   No_____

6. a) If yes, how soon?_____

   b) Why or for what reason?_____

   c) If no, why not?_____

7. How did you go about deciding to have a child at this particular time? What factors influenced it? Social pressures, work, contraceptive failure, etc.

PART VIII

THE FOLLOWING QUESTIONS ARE FOR BACKGROUND DETAILS ONLY.

AGE (at last birthday)_____ SEX ____ LENGTH OF PRESENT MARRIAGE_____

PREVIOUSLY MARRIED_____YES IF YES, HOW LONG?_____

_____NO

EDUCATION (CIRCLE ONE) GRADE SCHOOL 1 2 3 4 5 6 7 8 9

HIGH SCHOOL 1 2 3 4

UNIVERSITY 1 2 3 4 5 6 Degree Obtained_____

TECHNICAL SCHOOL_____

OTHER TRAINING _____

WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES THE WORKING SITUATION OF THE PERSON NAMED "MAIN WAGE EARNER"? (CHECK ONE)

_____1. Works for someone, does not manage the business or farm.

_____2. Works for someone, does manage the business or main part or section of it.

_____3. Owns a business (or farm) but hires someone else to manage it.

_____4. Owns and manages his or her own business or farm.

_____5. Retired.

WHICH IS THE SOURCE OF INCOME OF THE MAIN WAGE EARNER? (CHECK ONE)

_____1. Weekly wages, piece work

_____2. Salary, commission (monthly)

_____3. Income from odd jobs.

_____4. Social development, government pension

_____5. Profits, fees

_____6. Inherited and invested

_____7. Invested income

WHAT IS THE OCCUPATION OF THE MAIN WAGE EARNER?_____

WIFE'S INTERVIEW NUMBER TWO[1]

PART IV

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU FEEL ABOUT BEING A MOTHER AT THIS POINT IN YOUR LIFE

SA=Strongly Agree
A=Agree
I=Indifferent
D=Disagree
SD=Strongly Disagree
N/A=Not Applicable

Please circle one response.

1.	I feel that my appearance was more attractive during my pregnancy than it is now.	SA	A	I	D	SD	N/A
2.	I feel that parenthood is the last step in becoming an adult.	SA	A	I	D	SD	N/A
3.	I feel more tired now than I did before the baby was born.	SA	A	I	D	SD	N/A
4.	I feel my husband and I talk less about future plans now than we did before the baby was born.	SA	A	I	D	SD	N/A
5.	I feel more nervous now than I did before the baby was born.	SA	A	I	D	SD	N/A
6.	I feel people have more respect for us now that we are parents.	SA	A	I	D	SD	N/A
7.	I have more periods of depression now than before the baby was born.	SA	A	I	D	SD	N/A
8.	I feel my husband is more understanding now than before the baby was born.	SA	A	I	D	SD	N/A
9.	If I have negative feelings about motherhood, I can easily tell someone about them.	SA	A	I	D	SD	N/A
10.	I feel I get less attention from my husband now than before the baby was born.	SA	A	I	D	SD	N/A
11.	I feel unsatisfied with the sexual relationship between my husband and I.	SA	A	I	D	SD	N/A
12.	I am unsatisfied with the way daily household tasks are currently carried out.	SA	A	I	D	SD	N/A
13.	I am glad we had this baby at this particular time.	SA	A	I	D	SD	N/A
14.	I feel good about my present appearance.	SA	A	I	D	SD	N/A
15.	I feel that marriage is the last step in becoming an adult.	SA	A	I	D	SD	N/A
16.	I feel more relaxed now than I did before the baby was born.	SA	A	I	D	SD	N/A

[1]Parts I, II and III were identical to Wife's Interview Number One.

PART V

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE NATURE OF YOUR DELIVERY. IN A FEW WORDS COULD YOU DESCRIBE THE NATURE OF YOUR DELIVERY AND YOUR BABY?

1. How long was your labor?_____

2. How did you feel about your labor?_____

_____

3. How did your husband participate? Present at birth_____
present during labor only_____
present during labor and birth__
not present at all_____

4. Did you have rooming-in?_____Comment_____

_____

5. Did you have any complications?_____Comment_____

_____

6. How long did you stay in the hospital?_____

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR BABY.

1. Sex_____

2. Birth weight_____

3. Did your baby experience any particular difficulty such as jaundice, prematurity, colic, etcetera? Specify_____

_____

If yes, how did you and/or your husband deal with it?_____

_____

4. How have you fed your baby since birth?_____

5. Has your baby had any particular feeding problems?_____If so, how have you and/or your husband coped with them?_____

_____

6. What is the activity pattern of your baby?_____

_____

7. What is the sleeping pattern of your baby?_____

_____

PART VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE PREPARATION YOU RECEIVED FOR PARENTHOOD.

1. If you attended prenatal classes, do you feel the information you received was adequate? Comment_____

2. Were there any gaps in the information you received? Comment____

3. From all the sources of information you received, what areas did you receive good information on and from what source did you receive it?_____

4. From all sources of information you received, what areas did you receive incomplete or poor information on and from what source did you receive it?_____

5. Did the lack of information cause you any problems or anxieties? Comment_____

6. Did you seek additional information since the last interview?____ If so, from where and/or from whom?_____ and what on?_____

7. Do you intend to seek further information concerning child care; for example, the V.O.N., Public Health Nurses, Parent Effectiveness courses, your mother, etc._____If so, where and/or from whom?_____

8. Was the hospital instruction given by the doctor or nurses adequate regarding care of the baby, feeding the baby, etc? Elaborate_____

PART VII

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW THE BIRTH OF YOUR BABY HAS AFFECTED YOUR LIFE STYLE.

1. When was your baby born?_____

2. Do you plan on working or studying now that your baby is born?
   Yes_____
   No _____

3. If yes, how soon?_____

   (b) Why or for what reasons?_____

   (c) If no, why not?_____

4. If you plan on going back to work, do you anticipate any problems? For example, babysitting problems, employers not wanting to hire a mother with a young baby, etc.?_____

   _____.

5. If you plan on going back to work, who do you plan on having as a babysitter?_____

6. Has the birth of the baby caused any changes in your husband's pattern of employment? For example, has he taken on a second job or has he dropped one? Comment_____

   Does he still go out with the boys if he did before?_____

7. How has your entire life style changed since the birth of the baby? For example, your social patterns, recreation activities, spending patterns? Who does what around the house?_____

   _____

   _____

   _____

8. What would you say has caused the most concern for you since the birth of the baby? Comment. (Include in your answer the way you are dealing with it.)_____

   _____

   _____

WIFE'S INTERVIEW NUMBER THREE[1]

PART IV

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU FEEL ABOUT BEING A MOTHER AT THIS POINT IN YOUR LIFE.

SA = Strongly Agree
A = Agree
I = Indifferent
D = Disagree
SD = Strongly Disagree
N/A = Not Applicable

Please circle one response.

1.	I feel that my appearance was more attractive just after the baby was born than it is now.	SA	A	I	D	SD	N/A
2.	I feel that parenthood is the last step in becoming an adult.	SA	A	I	D	SD	N/A
3.	I feel more tired now than I did just after the baby was born.	SA	A	I	D	SD	N/A
4.	I feel my husband and I talk more about future plans now than we did just after the baby was born.	SA	A	I	D	SD	N/A
5.	I feel more nervous now than I did just after the baby was born.	SA	A	I	D	SD	N/A
6.	I feel people have more respect for us now than they did just after the baby was born.	SA	A	I	D	SD	N/A
7.	I have more periods of depression now than just after the baby was born.	SA	A	I	D	SD	N/A
8.	I feel my husband is more understanding now than he was just after the baby was born.	SA	A	I	D	SD	N/A
9.	If I have negative feelings about motherhood, I can easily tell someone about them.	SA	A	I	D	SD	N/A
10.	I feel I get more attention from my husband now than just after the baby was born.	SA	A	I	D	SD	N/A
11.	I feel unsatisfied with the sexual relationship between my husband and I.	SA	A	I	D	SD	N/A
12.	I am unsatisfied with the way daily household tasks are currently carried out.	SA	A	I	D	SD	N/A
13.	I am glad we had this baby at this particular time.	SA	A	I	D	SD	N/A
14.	I feel good about my present appearance.	SA	A	I	D	SD	N/A
15.	I feel that marriage is the last step in becoming an adult.	SA	A	I	D	SD	N/A
16.	I feel more relaxed now than I did just after the baby was born.	SA	A	I	D	SD	N/A

[1]Parts I, II and III were identical to Wife's Interview Number One.

PART V

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR BABY.

1. Have you experienced any particular difficulty with your baby since the last interview? For example: baby's weight, baby has colic, does not sleep through the night, has allergies, develops colds easily, etc._____

   Name the difficulties:_____

   _____

   Have these difficulties caused you any particular concern since the last interview?_____ If so, how have you and your spouse coped with them?

2. How have you fed your baby since the last interview?_____

3. Has your baby had any particular feeding problems since the last interview?_____If so, how have you and your spouse coped with them?_____

4. Has the activity pattern of your baby changed much since the last interview?_____If so, how?_____

   _____

   _____

5. Is your baby sleeping through the night now?_____If not, does this bother you in any way? Elaborate on this and tell how you and your spouse cope with this.

PART VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE PREPARATION YOU RECEIVED FOR PARENTHOOD.

1. From all the sources of information you received, what areas did you receive good information on and from what source did you receive it?_____

_____

2. From all sources of information you received, what areas did you receive incomplete or poor information on and from what source did you receive it?_____

_____

3. Did the lack of information cause you any problems or anxieties? Comment_____

_____

_____

4. Did you seek additional information since the last interview?___ If so, from where and/or from whom?_____

What was the information on?_____

5. Do you intend to seek further information concerning child development, feeding, teething, discipline, immunizations, etc.?_____If so, where do you intend to obtain the information from?_____

6. Do you think you will seek out additional information after this interview?_____If so, from where and/or from whom?_____

_____

PART VII

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW THE BIRTH OF YOUR BABY HAS AFFECTED YOUR LIFE STYLE.

1. Are you presently employed?_____If so, when did your employment begin?_____. Are you employed in the same type of work that you were familiar with prior to your baby's birth? _____If not, what type of work are you doing now?_____

2. Why did you return to work?_____
If you are not gainfully employed at the present time, what are your reasons for staying at home?_____
Do you plan on returning to work in the future?_____If so, when? _____

3. Have you encountered any problems going back to work? For example: babysitting, transportation, attitudes of others at work, etc?
_____

4. If you are presently working, is your babysitter the person you had planned to have?_____If not, who did you get? _____Are you satisfied with your present babysitting arrangements?_____

5. Has the birth of the baby caused any changes in your husband's pattern of employment since the last interview?_____
For example, has he taken on a second job or has he dropped one?
Comment._____
Does he still go out with the boys if he did before?_____

6. How has your entire life style changed since the last interview? For example, your social patterns, recreation activities, spending patterns, etc? Who does what around the house?_____
_____

7. What would you say has caused the most concern for you since the birth of the baby or since the last interview? Comment on this and mention how you are dealing with it._____

_____

_____